

## CHANGE ORDER

A Change Order must be completed to make any change affecting an existing Purchase Order. Complete as follows:

**Change Order Number:** Indicate 1, 2, 3, etc...

**Vendor Name:** Write in complete vendor name. Do not use initials.

**Original Purchase Order Amount:** Write in the total cost as shown on the original Purchase Order including tax and shipping.

**Previous Change Orders:** Enter amount of previous approved change orders.

**Revised Purchase Order Amount:** Write in revised amount including previous change orders.

**Purchase Order Number:** Enter the existing Purchase Order number.

**Requisition Number:** Enter the existing Requisition number.

**Deletion/Change/Addition:** Write in whether you are deleting, changing, or adding an item.

**Qty:** Indicate the quantity affected.

**Unit of Measure:** Indicate the Unit of Measure, i.e., each, dozen, set, etc.

**Description and Catalog Number:** Complete description of item affected, and part number.

**Cost:** Fill in unit cost and extended cost. Note the net change in the last column. Add all items in the Net Change column, figure tax and shipping, and write in combined total for all changes in the last box of that column. Finally, indicate the new total Purchase Order cost.

**Reason for Change:** Give a brief reason for the change.

**Budget Number:** Indicate complete budget number which is being affected by Change Order.

**Administrator Signature:** MUST be signed by Principal (or Department Head for District Office.)

NOTE: Forward completed Change Order to Purchasing. Change Orders cannot be processed on Purchase Orders that have been closed and paid. Contact the Purchasing Department if you are not sure if a Change Order is required.

**CARLSBAD UNIFIED SCHOOL DISTRICT**

**CHANGE TO PURCHASE ORDER**

Change Order Number \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Original Purchase Order Amount \$ \_\_\_\_\_ Purchase Order No. \_\_\_\_\_

Previous Change Orders \$ \_\_\_\_\_ Requisition No. \_\_\_\_\_

Revised Purchase Order Amt. \$ \_\_\_\_\_

All the items on this to remain the same except the following:

Indicate whether this is a Deletion, Change or Addition	Qty	Unit of Measure	Description and Product Code	Cost per unit	Total Extended Cost	Net change (increase or decrease)
					<b>TAX</b>	
					<b>SHIPPING</b>	
			TOTAL NET INCREASE OR DECREASE OF CHANGED ITEMS			\$

REVISED PURCHASE ORDER TOTAL \$ \_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_

Budget Information \_\_\_\_\_

Budget Information \_\_\_\_\_

\_\_\_\_\_  
School/Dept. Administrator Approval

\_\_\_\_\_  
Purchasing Department Approval