

NATOMAS UNIFIED SCHOOL DISTRICT

REQUEST FOR CHANGE TO PURCHASE ORDER

Send Original to:
Purchasing Department
NUSDpurchasing@natomasunified.org

Office Use Only

Entered By: _____

Date: _____

TO INCREASE OR DECREASE AN EXISTING PURCHASE ORDER

PO Number	Vendor Name	Decrease	Increase
		Line #	Line #
		Line #	Line #
		Line #	Line #
		Line #	Line #

TO TRANSFER A BALANCE FROM ONE PURCHASE ORDER TO ANOTHER

PO Number	Vendor Name	Decrease	Increase
From			
To			
From			
To			
From			
To			
From			
To			

TO REVISE AN ACCOUNT NUMBER

PO Number	Vendor Name	Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-

Reason for request: _____

Requested by: _____ Site: _____ Date: _____

Originator

Authorized by: _____ Date: _____

Site or Program Manager

Business Services Approval: _____ Date: _____

(Print and Sign)