

Purchase Order Change Request

Sonoma County Office of Education

Vendor Name _____

Purchase Order # _____
(attach copy of purchase order)

Increase/ Decrease Amt Current Amt. \$ _____ New Amt. \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Budget Code _____ Inc/Dec \$ _____

Add or Change Budget Codes – Provide NEW codes and amounts

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Budget Code _____ Amt. \$ _____

Reason for Change

- Change in Unit Price
- Shipping and Handling Charges
- Incorrect Account Codes
- Other (specify) _____

Submitted by _____ Dept. _____ Phone _____

Budget Manager _____ Date _____

For Business Services Only Posted by _____ Date Posted _____