



CAPISTRANO UNIFIED SCHOOL DISTRICT

PURCHASE ORDER CHANGE ORDER REQUEST FORM

This form may be used to change an amount or budget on an existing purchase order.

VENDOR INFORMATION

PO # _____ PR # _____

VENDOR ID #: _____ VENDOR NAME: _____

PURCHASE ORDER DETAIL

FROM (current amount of PO) \$ _____

AMOUNT OF CHANGE REQUESTED \$ _____

TO (total after increase/decrease) \$ _____

BUDGET _____

☐

Notify Vendor

☐

Vendor Already Notified

☐

No Action Necessary

Description/Reason for change or other change order requests including budget changes:

APPROVAL SIGNATURES (required to process)

	Signature and Date
Department/School Site Admin	
Department Head	
Budget Approval	

Once complete send to purchasing to re-vise/reprint PO