

VISTA UNIFIED SCHOOL DISTRICT Purchasing
 Department

Fax# 760-631-7029 Email: purchasing-all@vistausd.org

REQUEST FOR OPEN PURCHASE ORDER INCREASE OR DECREASE

TO: _____ DATE: _____

FROM: _____ SITE: _____

VENDOR NAME: _____ PO# _____

AMOUNT OF ADJUSTMENT \$ _____ INCREASE DECREASE

BUDGET CODE: (Indicate if the account number you are providing is different than on the original PO by checking the appropriate box below)

FUND	RESOURCE	GOAL	FUNC	OBJECT	SITE	<u>AMOUNT</u>	NEW	EXISTING
FUND	RESOURCE	GOAL	FUNC	OBJECT	SITE	<u>AMOUNT</u>	NEW	EXISTING

AUTHORIZED BY: _____

PURCHASING DEPARTMENT USE ONLY		
CHANGE ORDER # _____	DATE: _____	BY: _____
BUDGET VERIFIED: _____	DATE: _____	BY: _____