

**NATOMAS UNIFIED SCHOOL DISTRICT  
REQUEST FOR CHANGE TO PURCHASE ORDER**

Send Original to:  
Accounts Payable Department  
accountspayable@natomasunified.org  
Fax number: (916) 567-5464

<i>Office Use Only</i>
Entered By: _____
Date: _____

<b>TO INCREASE OR DECREASE AN EXISTING PURCHASE ORDER</b>			
<b>PO Number</b>	<b>Vendor Name</b>	<b>Decrease</b>	<b>Increase</b>
		Line #	Line #
		Line #	Line #
		Line #	Line #
		Line #	Line #

<b>TO TRANSFER A BALANCE FROM ONE PURCHASE ORDER TO ANOTHER</b>			
<b>PO Number</b>	<b>Vendor Name</b>	<b>Decrease</b>	<b>Increase</b>
From			
To			
From			
To			
From			
To			
From			
To			

<b>TO REVISE AN ACCOUNT NUMBER</b>										
<b>PO Number</b>	<b>Vendor Name</b>	<b>Fund XX</b>	<b>Resource XXXX</b>	<b>Year X</b>	<b>Object XXXX</b>	<b>Site XXX</b>	<b>Goal XXXX</b>	<b>Function XXXX</b>	<b>Local 1 XXX</b>	<b>Local 2 XXX</b>
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-
From		-	-	-	-	-	-	-	-	-
To		-	-	-	-	-	-	-	-	-

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ **Originator**                      Site: \_\_\_\_\_                      Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ **Site or Program Manager**                      Date: \_\_\_\_\_