

Purchase Order Change Order Request Form

Please fill out the form, sign and return to bisd.purchasing@birdvilleschools.net
Please include any documentation to support your change request such as quote, invoice, etc.

Date of Request:	Department/School:
Purchase Order #:	Original Purchase Order Amount:
Please describe the change(s) requested:	
Requestor's Signature	
Ticquestor s signature	
Budget Manager's Signature	Date
Purchasing Department Use Only:	
Approved Denied Comments	s if Denied:
Buyer Name:	New PO #:
Additional Notes:	