



ASB Purchase Order Revision

VENDOR INFORMATION	Purchase Order # _____
	Requisition # _____
	Vendor # _____
	School/Department: _____
	Contact/Phone # _____

The following revisions are hereby authorized on the above referenced Purchase Order.

REASON FOR CHANGE - PLEASE CHECK THE APPROPRIATE BOX:

☐ Code change
 ☐ Monetary Change
 ☐ Disencumbrance
☐ Increase
 ☐ Decrease

DESCRIPTION	AMOUNT
Current PO Balance: _____ Additional Shipping: _____ Additional Sales Tax: _____ Revised PO Balance: \$ _____	

PO CODING ADJUSTMENTS

GENERAL FUND		ASB		CAPITAL PROJECTS	
Debit:	\$ _____	Debit:	\$ _____	Debit:	\$ _____
Credit:	\$ _____	Credit:	\$ _____	Credit:	\$ _____
Debit:	\$ _____	Debit:	\$ _____	Debit:	\$ _____
Credit:	\$ _____	Credit:	\$ _____	Credit:	\$ _____

AUTHORIZED BY	DATE	PURCHASING APPROVAL
_____	_____	_____
_____	_____	DATE
_____	_____	_____
_____	_____	_____

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