

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT
14000 Fruitvale Ave
Saratoga, CA 95070

PURCHASE ORDER CHANGE REQUEST

Type of Request: **Increase** **Decrease** **Close** **Other**

Date: _____

Existing PO # _____

Amount of Original or Revised
PO _____

Increase Amount: _____

Decrease Amount: _____

New Total: _____

Vendor Name: _____

Account Number: _____

Brief Description of Request: _____

Requestor Printed Name: _____

Requestor Signature: _____

Budget Administrators
Signature: _____