

## PURCHASE ORDER REVISION REQUEST FORM

Vendor Name: Labatt Food Service	Campus/Dept. Child Nutrition Services
Purchase Order #_51854	
X Price Adjustment Add New Line	e Item Close/Void Purchase Order
Delete Line Item Other	
Reason for Revision (Please include support backup):	
Increase Labatt Food Service purchase order #51854 by \$14,000 to include the added funds.	
Total Amount of Original PO: \$\$85,000	
Adjusted Cost: \$_14,000	
New PO Total Amount: \$_\$99,000	
Account # 101.35.6341.08.999.99	
Director/Principal Approval Signature	Date
funding.	11-6-24
Processed By (Finance Dept.) Signature	Date

PO Revisions for price adjustments are only required when changes are over \$100.00dls.