NEW HAVEN UNIFIED SCHOOL DISTRICT

CHANGE ORDER

SITE: _____ **ORIGINATOR**: _____

VENDOR: _____

DATE: _____ **P.O.#** _____

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_____ _____

Originator's Signature *Date* *Purchasing Department* *Date*

Please notify originator.

Distribution:
- ☐ Site
- ☐ A/P
- ☐ Receiving
- ☐ Purchasing

BU-77