



Averill Park Central School District

Purchase Order Increase Request

PO #: _____

Vendor: _____

Original PO Amount: _____

Account Code: _____

Increase Requested: _____

Increase Substantiation:

Administrative Signature: _____ Date: _____

Approved

Disapproved

Purchasing Agent Signature: _____ Date: _____

Please return completed form to Kathy Burdick, Purchasing Agent.