

West Marshall Community School District Change Order Form

Requested by: _____

Date: _____

Event: _____

PO #: _____

Event Date: _____

NOTE: Please Submit Change Order Form to District Office 1 week prior to board meeting preceding event.

Authorized by: _____

Date: _____

<u>Bills – Coins</u>	<u>Amount</u>
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\$20.00	_____
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\$10.00	_____
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\$5.00	_____
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\$1.00	_____
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\$0.25	_____
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\$0.10	_____
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\$0.05	_____
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\$0.01	_____
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Total \$	_____
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Note: Change (coins) can only be ordered in increments of rolls.
 \$10 increments for quarters
 \$5 increments for dimes
 \$2 increments for nickels
 \$2 increments for pennies

Accounting Department Notes:

Check #:

Check Date:

(Person requesting Change Order will be notified to pick up)

Received by: _____

Date: _____