



INDEPENDENT CONTRACTOR AGREEMENT/PURCHASE ORDER REVISION REQUEST

This ICA Revision Request is hereby incorporated into the original ICA Agreement.

Requested by:

Date:

Vendor:

PO #:

Account #:

Department Head requesting change:

REVISION CHANGE REQUESTED

Multiple selections are ok

Change of dates? Please list new or additional
dates:

to

- ☐ Current Amount of PO:
- ☐ Indicate dollar amount (+/-) being requested:
- ☐ Revised PO total amount:

Reason for change:

Vendor Approval

WCSD Department Approval

Area Superintendent or District
Leadership Team Approval

Grant Approval (if applicable)

Purchasing/Business Approval