

PURCHASE ORDER CHANGE FORM

DATE: _____

REQUESTOR DEPT/ SITE: _____

PO#: _____

VENDOR NAME: _____

CIRCLE REQUEST:

Cancel PO

Change PO (fill out applicable areas below)

REQUIRED FIELD - REASON FOR CHANGE: _____

REQUIRED FIELD
ADJUSTED PO TOTAL
\$ _____

Add or Delete Line Item(s) as Follows:

Line Item#	Add or Delete	Description	Price	Budget Code to be Charged
			\$	
			\$	

Change of Budget Code ONLY

Line Item#	Change From:	Change To:	Amount
			\$
			\$

Change Line Item (increase/decrease)

Line Item#	Increase decrease	Budget Code of line to be changed	Amount of Increase/Decrease
			\$
			\$

SITE/Department Approval _____	Date _____
Compliance Approval (if needed) _____	Date _____
Business Office Approval _____	Date _____

Please send the original completed form to the Accounts Payable Department at the District Office.