



Procurement Services

CHANGE REQUISITION OR PURCHASE ORDER REQUEST

PO NO. _____ VENDOR NAME _____

DEPT ID _____ DEPT NAME _____ REQUESTOR _____ EXT _____ EMAIL _____

Include a copy of the signed Signature Authorization Form when request to increase PO amount or add new chartfield to existing PO

CHANGE REQUISITION CLOSE REQUISITION CHANGE PURCHASE ORDER CLOSE PURCHASE ORDER

ADD LINE ITEM CHANGE LINE ITEM CANCEL LINE ITEM

LINE # _____ QTY _____ UNIT OF MEASURE (UOM) _____ UOM PRICE (EACH/LOT) \$ _____ TOTAL AMOUNT of Change \$ _____

DESCRIPTION _____

CHARTFIELD ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

FROM CURRENT CHARTFIELD TO ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

INCREASE LINE AMOUNT FROM \$ _____ TO \$ _____

DECREASE LINE AMOUNT FROM \$ _____ TO \$ _____

ADD LINE ITEM CHANGE LINE ITEM CANCEL LINE ITEM

LINE # _____ QTY _____ UNIT OF MEASURE (UOM) _____ UOM PRICE (EACH/LOT) \$ _____ TOTAL AMOUNT of Change \$ _____

DESCRIPTION _____

CHARTFIELD ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

FROM CURRENT CHARTFIELD TO ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

INCREASE LINE AMOUNT FROM \$ _____ TO \$ _____

DECREASE LINE AMOUNT FROM \$ _____ TO \$ _____

SPECIAL INSTRUCTIONS/NOTES: _____

An Authorized Signature Form must be on file in order to process this request.

FINANCIAL APPROVER: _____ PRINT NAME: _____ DATE: _____

PROCUREMENT SERVICES STAFF USE ONLY

APPROVED: The requested change will be processed.

NOT APPROVED: The requested change cannot be processed for the following reason(s): _____

PROCESSED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____