



PURCHASE ORDER CHANGE FORM

Date of Request: _____

Vendor Name: _____

PO Number: _____

Campus/Dept: _____

Change Requested by:

_____ Campus/Dept _____ Purchasing _____ AP Dept

_____ Change PO From _____ To _____

Reason for change:

Copy of PO with changes requested must be attached.

Originator Signature

Campus/Department Budget Authority

Finance office use only:

Date Received: _____

Purchasing Approval: _____

Date Revised: _____

Revised by: _____