

PRP PURCHASE ORDER (PO) CANCELLATION REQUEST FORM and/or REQUEST FOR REPLACEMENT SITE

This form must be completed by the contractor to request cancellation of a Purchase Order and to remove the balance from the ATC encumbrance. Submit completed form to the PRP site manager (with supporting documentation).

Completion of this form does not guarantee that a replacement site will be offered to the ATC.

Agency Term Contractor Company Name

Phone Number

CID #

ATC Contact Name

E-mail Address

PO #

PRP Reference # (TA #)

Region

PO Amount

Facility ID (9 digits)

Site Name (as listed in PO)

Scope of Work Phase/Sub-phase

Describe reason for cancellation request and justification. Attach additional documentation as necessary. (For site access, discuss attempts made to gain site access.)

Has any work been completed and authorized for payment under this PO?

☐ Yes

☐ No

With submission of this request, I understand that if/when the PO is cancelled, no additional payments can be processed.

ATC Contract Manager - Sign and Date

Replacement Site Requested by ATC

☐ Yes

☐ No

For FDEP Use Only

Site Manager Approval - Sign & Date

LP/T5/T6 Manager Approval (if applicable)

Team Leader Approval - Sign & Date

PRP Contracts (Only Required If Replacement Site Requested)

Replacement Approved?

☐ Yes

☐ No

PRP Accounting Processed Cancellation (PO & TA)