



PURCHASE ORDER CHANGE FORM

For Purchase Order Number _____ For IBIS Document Number _____

Vendor _____

Action Requested By: Name _____ Date _____ Phone _____

DESIRED ACTION TO BE TAKEN:	
<input type="checkbox"/> Increase <input type="checkbox"/> Budgetary Modifications <input type="checkbox"/> Reopen <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> FORWARD TO ACCOUNTING OPERATIONS FOR THE ABOVE ACTIONS </div>	<input type="checkbox"/> Decrease <input type="checkbox"/> Cancel <input type="checkbox"/> Other <div style="margin-top: 5px;"> Trace: Notify - _____ Phone - _____ </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> FORWARD TO THE DEPARTMENT OF PURCHASES FOR THE ABOVE ACTIONS </div>

To be completed for INCREASE, DECREASE, CANCEL, REOPEN (also complete Explanation)							
Line Item	Dept. Ref. No.	Post Code	Dept. No.	Fund No.	Obj. Class	Project No.	Amount

To be completed for BUDGETARY MODIFICATIONS (also complete Explanation)							
Line Item	Dept. Ref. No.	Post Code	Dept. No.	Fund No.	Obj. Class	Project No.	Amount
FROM							
TO							

To be completed for TRACE				
Line Item	Dept. Ref. No.	Post Code	Dept. No.	Please Notify...
				Name: _____ Phone: _____

To be completed for OTHER
Specify other action to be requested of Purchasing. Please provide details such as line item, reference, budgetary information, etc.

Explanation

APPROVALS (required for all actions except Trace)	
The requested action support our objectives and is appropriate within University policies.	Sufficient funds will exist for changes requiring additional funds. Changes comply with University fiscal policy.
_____ Budget Administrator/Budget Executive	_____ Financial Officer
_____ Date	_____ Date