

# Purchase Order Change Order Form

Purchasing use only! C/O # _____
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**\*Complete only the areas to be changed. Fax to: Purchasing Office ONLY at 450-5020.  
DO NOT DUPLICATE.**

**Purchase Order #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Buyer:** \_\_\_\_\_

**Reason for change:** \_\_\_\_\_

**Check appropriate action to be taken below:**

Standing Order Increase

Standing Order Decrease

Close existing unused Purchase Order  
Supplier must be notified by Dept.

Final Liquidation and Close Remaining  
Purchase Order Balance

**Line Item Changes:**

Increase	Decrease	Line Item#	_____
Quantity	Previous Qty: _____	New Qty:	_____
Unit Price	Previous Amt: _____	New Amt:	_____
Increase	Decrease	Line Item#	_____
Quantity	Previous Qty: _____	New Qty:	_____
Unit Price	Previous Amt: _____	New Amt:	_____

**PO Previous Total:** \_\_\_\_\_ **PO New Total:** \_\_\_\_\_

Approval Department Head _____	_____	_____
Printed	Signature	Date

<b>Requestor:</b> _____  <b>Department:</b> _____  <b>Phone:</b> _____  <b>Email:</b> _____	<b>A/P Initials:</b> _____ Circle appropriate selection: <b>CLOSE/ Finalize</b>  <b>Buyer Initials:</b> _____ <b>Change Order completion date:</b> _____	<b>Date Received</b> (Purchasing Use only)
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