

PROCUREMENT OFFICE  
 Modoc Hall 3005  
 Telephone #: 278-7322  
 Dept. Zip Code: 6008

AMENDMENT REQUEST  
 FOR  
 PURCHASE/SERVICE ORDER

ADJUST EXISTING ORDER

PO#:

Supplier

Buyer Name:

ADJUSTMENT(S) REQUIRED:

☐ Please cancel entire order.

☐ Please cancel items listed below.

☐ Vendor name change. (Note: Changing a vendor name will result in the cancellation of the order and a new purchase order number being issued)

☐ Other, specify:

Does Vendor need a copy of the Amendment? ☐ Yes ☐ No

If Yes, provide Contact Name:

Note: If adding a new line you must provide the chartstring.

\*\*NOTE: ONLY ITEMS LISTED BELOW ARE AFFECTED BY THIS AMENDMENT\*\*

Line Item #	Amended purchase order to read as follows: Description				Quantity	Unit	Unit Price	Extension
		Account	Fund	Dept ID	Class	Subtotal before tax		
						Sales tax		

Reason for change:

Previous Total of PO  
\$

Amended Total of PO  
\$

TOTAL INCREASE/DECREASE: \$

REQUESTING DEPARTMENT USE ONLY

AUTHORIZED BY:  DATE:

DEPARTMENT:

CONTACT PERSON:  PHONE NO:  DATE:

PROCUREMENT APPROVAL

BUYER'S INITIALS:  DATE:

DATA ENTRY CLERK: ☐ COMPLETED ☐ CANCELLED DATE: