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

## AMENDMENT REQUEST FOR PURCHASE/SERVICE ORDER

ADJUST EXISTING ORDER							
PO#:							
Supplier [							
Buyer Na	me:						

						Ви	ıyer 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 pro	ovide the ch	nartstring.		
**NOTE: ONLY ITEMS LISTED BELOW ARE AFFECTED BY THIS AMENDMENT**											
Line Item #	ine Item # Amended purchase order to read			d as follows:	Description	Quantity	Unit	Unit Price	Extension		
		Account	Fund	Dept ID	Class		Subtotal before tax				
								Sales tax			
Reason						Previous Tota	Previous Total of PO Amended Total of PO				
for change:	\$										
	TOTAL INCREASE/DECREASE:										
REQUESTING	G DEPART	MENT USE ON	LY								
AUTHORIZED BY: DATE:											
DEPARTMENT:											
CONTACT PERSON:					HONE NO: DATE:						
PROCUREMENT APPROVAL  BUYER'S   DATA ENTRY   COMPLETED   CANCELLED DATE:   CANCELLED											