

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:

<p><b>ADJUSTMENT(S) REQUIRED:</b></p> <p><input type="checkbox"/> Please cancel entire order.</p> <p><input type="checkbox"/> Please cancel items listed below.</p> <p><input type="checkbox"/> Vendor name change. (Note: Changing a vendor name will result in the cancellation of the order and a new purchase order number being issued)</p> <p><input type="checkbox"/> Other, specify:  <input style="width:300px; height:40px;" type="text"/></p>	<p><b>Does Vendor need a copy of the Amendment?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If Yes, provide Contact Name:</b>  <input style="width:400px; height:40px;" type="text"/></p> <p><b>Note:</b> If adding a new line you must provide the chartstring.</p>
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**\*\*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:	<input style="width:95%; height:55px;" type="text"/>					Previous Total of PO		Amended Total of PO	
						\$ <input style="width:100px;" type="text"/>		\$ <input style="width:100px;" type="text"/>	
						TOTAL INCREASE/DECREASE:		\$ <input style="width:100px;" type="text"/>	

**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: