

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>ADJUSTMENT(S) REQUIRED:</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: 100%; height: 40px;" type="text"/></p>	<p>Does Vendor need a copy of the Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide Contact Name: <input style="width: 100%; height: 40px;" type="text"/></p> <p>Note: 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: 100%; height: 100%;" type="text"/>						Previous Total of PO		Amended Total of PO			
							\$ <input style="width: 80%;" type="text"/>		\$ <input style="width: 80%;" type="text"/>			
						TOTAL INCREASE/DECREASE:		\$ <input style="width: 80%;" 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: