**REQUEST FOR CHANGE ORDER**

**Finance Area Use only:**

Accounting Office approvals:

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Buyer Assignment: \_\_\_\_\_\_\_\_\_\_

Buyer Sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use this form to request changes to current, open Purchase Orders*

5-Jun-17

|  |  |
| --- | --- |
| PO Number |  |
| Vendor Name |  |
| Your Name |  |
| Your Phone # |  |
| Your email address |  |

***Describe the type of change needed in the space below. Attach separate sheet(s) as required.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| ***Be sure to include complete account distribution information as needed in the space below***  What account number(s) should be charged for an increase, or credited for a decrease? How much of the charge/credit should be applied to each account? After this change, what do you expect the final total charge to be on the account(s) being used? Provide any information needed to clearly define your request. Use attached sheets as necessary for complex orders. | | | |
|  | | | |
| Signature of Preparer |  | Date |  |
| Dept Authorizing Signature (s) |  | Date |  |
|  | Date |  |

*Issued by Procurement Services Apr-03 – 740-593-1960*