



# The University of South Alabama

Purchasing Department

## CHANGE ORDER REQUEST

**IMPORTANT:** This form is only mandatory for change order requests that require accounting changes in excess of \$250.00 or 15% above original PO amount.

Date: \_\_\_\_\_ Purchase Order No: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Department: \_\_\_\_\_ Vendor Name: \_\_\_\_\_ Vendor J#: \_\_\_\_\_

☐ Cancel/Modify Line Item(s) \_\_\_\_\_

Action		Description	Qty	Unit Price	Total Price
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease				

Reasons, comments, etc:

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Change FOAPAL from:

	Fund	Org	Account	Prog	Activity	Locn	Amount
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease							
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease							
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease							
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease							

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

\* Approvals must be identical to those required for purchase order and Direct Pay processing.

Please complete and return to the following:

The University of South Alabama  
Purchasing Department  
307 University Blvd., Room AD-245  
Mobile, AL 36688-0002  
Phone: (251) 460-6151  
Fax: (251) 414-8291