Request to Cancel / Change Purchase Order

Requested by _____
                        Name / School or Department / Date

PO # **(required)**_____   R# **(required)**_____

Vendor Name: _____

Change _____   OR   Cancel _____
_____
PLEASE COMPLETE THE FORM AS YOU WOULD LIKE THE PO TO LOOK AFTER THE CHANGES ARE MADE

1. New PO Total should be: $ _____after corrections
                        Circle One Please

Item# _____   Change   Add   Delete

Quantity _____   Unit Price_____   Item total _____

Item# _____   Change   Add   Delete

Quantity _____   Unit Price_____   Item total _____

Item# _____   Change   Add   Delete

Quantity _____   Unit Price_____   Item total _____

Item# _____   Change   Add   Delete

Quantity _____   Unit Price_____   Item total _____

2. Change Budget Code to: _____
        (When adding a new line item please include budget code)

3. Change Vendor to: _____
                        Name
                        _____
                        Address
                        _____
                        Vendor Number

Reason: _____
_____

Change Made By: _____ Date Changed on Computer:_____
(revised July 2010)