

CHANGE ORDER REQUEST

Today's Date:

Requester Name (first & last):

PO #:

Vendor Name:

Amend PO

Amount to Increase or Decrease PO by:
(if decreasing, add "-" in front of amount)

Account #:

If multiple accounts, enter account #'s and corresponding amounts below:

Check box if this request will put this PO over \$50,000.

(PO's cannot exceed \$50,000 without a NYS Contract Reporter ad attached.)

Liquidate PO Balance

Check box to liquidate PO balance (to return funding back to your account).