

PURCHASE ORDER MODIFICATION FORM

Please complete all the information below to initiate a Purchase Order Modification.

Date: _____ 20 _____

Contact Person _____

Department: _____

Contact Ph. / E-mail _____

Original Purchase Order No.: _____

Requisition No: _____

Amount of Original P.O.: \$ _____

Vendor: _____

Amount of Modification: \$ _____

Increase: _____ **Decrease:** _____

Is this amount being charged to same Department Coding? Yes: _____ **No:** _____

If No, what is the new coding: _____

Special Instructions to Vendor or Description of Items or Service:

Person Completing Form: _____

Department Head: _____