

**AUBURN UNIVERSITY
PURCHASE CHANGE ORDER REQUEST**

To: Procurement and Payment Services
After completion and approvals,
send completed form to 311 Ingram Hall

Date: _____

From: _____
Dean, Director or Department Head

Dept: _____

Contact Person: _____

Phone: _____

Purchase Order #: _____

Vendor Name: _____

New Requisition attached Cancel Order Approved Invoice(s) attached

Cancel Remaining Balance - Last CK #: _____ Amount: _____

Change Vendor Name From _____ To _____

PLEASE MAKE THE FOLLOWING CHANGES:

Decrease	Increase	Account # & Subcode	%	Amount
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

Line Item #: _____ Add new Line Item? Yes No

Change Account Number From _____ To _____

Change Subcode From _____ To _____

Increase Decrease Unit Price From _____ To _____

Increase Decrease Quantity From _____ To _____

Delete Add Item Description _____

Reason for the above change(s): _____

If a change involves the vendor, purchasing **will** send written notification to the vendor.
If a change is internal, the vendor **will not** be notified.

Direct any questions to Procurement and Payment Services 844-7771 (4-PPS1)