

**AUBURN UNIVERSITY  
PURCHASE CHANGE ORDER REQUEST**

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

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Dept:** \_\_\_\_\_  
Dean, Director or Department Head

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_ **Vendor Name:** \_\_\_\_\_

Cancel Order                      Approved Invoice(s) attached

Cancel Remaining Balance - Last CK #: \_\_\_\_\_ Amount: \_\_\_\_\_

Cancel order to accommodate change in vendor

**PLEASE MAKE THE FOLLOWING CHANGES:**

		Fund	Org	Account	Prog	Activity	Location	%	Amount
Decrease	Increase								
Decrease	Increase								
Decrease	Increase								
Decrease	Increase								

Line Item #: \_\_\_\_\_ Add new Line Item?                      Yes                      No

Line Item #: \_\_\_\_\_ Add new Line Item?                      Yes                      No

Line Item #: \_\_\_\_\_ Add new Line Item?                      Yes                      No

Change Fund Number From \_\_\_\_\_ To \_\_\_\_\_

Change Account Code 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)

BO 50-07 (Rev 04/11-B)