

**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	Acct	Prog	%	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.