Procurement Department
Purchase Order Change Request

Purpose of This Change Form

A Purchase Order Change Request form must be completed to make any changes to a purchase order and in all instances where the invoice amount is equal to or greater than 10% of the original purchase amount.

Instructions

☐ Step 1 – School and/or department should contact the vendor and cancel the purchase order by email
☐ Step 2 – Complete the Purchase Order Change Form carefully and legibly – please use font size 10 or larger and include your contact information (phone and email), date, location.
☐ Step 3 - Email the completed form from your email NOT DIRECTLY FROM THE SCANNER to the Procurement Department, procurementservices@vcsedu.org
☐ Step 4 - Please include the PO # and PRODUCT DESCRIPTION in the subject – Documents without this information will not be addressed
☐ Step 5 - Submit all supporting documents including confirmation of canceling PO from vendor
☐ Send it in only once
☐ Please note if the form is incomplete, it will be returned to you to complete which will prolong the approval process.

Requestor's Name: ___________________ Contact Info: ___________________ Date: __________

Original Vendor Name/ID: ___________________ Req#: ________ PO#: __________

Fund/Account Code ___________________ Resend PO to Vendor: Yes  No

Requested Correction(s) or Change(s):

☐ Amount of the PO Original amount $_________________ Correct to $+/−_________________ Final$: ___________________
☐ Amount of freight/shipping Original amount $_________________ Correct to $+/−_________________ Final$: ___________________
☐ Close Close PO ___________________
☐ Quantity Original quantity ___________________ Correct to +/−_________________ Final quantity ___________________
☐ Funding Code Original ___________________ Correct to ___________________
☐ CONTRACT YES/NO NUMBER ___________________
☐ Item Description to ___________________
☐ Other ___________________
☐ Justification ___________________

Approvals (All Approval Signatures Required)

Principal/Director Print: ___________________ Signature: ___________________
Department Head Print: ___________________ Signature: ___________________

Fund 8 or 12 Account’s Signature Print: ___________________ Signature: ___________________

PROCUREMENT SERVICES USE ONLY

☐ Approved ___________________ Date: ___________________

Returned ___________________ Denied (Reason PO Change Request was not approved) ___________________