

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@scsk12.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

Requestor's Name:Contact Info:		Date:	
Original Vendor Name/ID:		Req#:	PO#
Fund/Account Code		Res	end PO to Vendor: Yes No
Requested Correction(s) or Change(s):			
□ Amount of the PO Original amount \$□ Amount of freight/shipping Original amount \$	Correct to \$ <mark>+/-</mark>	F	inal\$
$\hfill\Box$ Amount of freight/shipping \hfill Original amount $\hfill \$$	sCorrect to \$ <mark>+/-</mark>		Final\$
□ Close PO			
□ Quantity Original quantity	Correct to +/	Final	quantity
☐ Funding Code Original			
□ 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:_		
□ Approved	PROCUREMENT SERVICES USE ONLY		
□ Approveu	Date:		
Returned Der	nied (Reason PO Change Request was no	ot approved)	