PURCHASE ORDER CHANGE REQUEST
(TO MODIFY EXISTING PURCHASE ORDER)
Fax to Procurement Services at 516-463-4605
NO COVER SHEET REQUIRED. IF FAXING, DO NOT MAIL.
Attachment(s): Yes ___ No ___ Total number of pages faxed: ___

Purchase Order Change Request Date: __________

Purchase Order Number:_________________________ Supplier Name: ____________________________

Requestor Name _______________________________

Department ___________________________________

Phone ( ___ ) ________________________________

Fax ( ___ ) _________________________________

Email ______________________________________

☐ Change   ☐ Close Balance

Current Amount on Purchase Order: $ __________

Increase Amount: $ __________

(or)

Decrease Amount $ __________

New Amount on Purchase Order: $ __________

Reason for Change (This section must be completed, please be specific and attach any supporting documents):
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Departmental Authorization:

Budget Year _________

Requestor Name _______________________________ Signature ________________________________

Approver Name ________________________________ Signature ________________________________

Procurement Services Use Only:

Approver ________________________________ Date _______ Purchase Order Number______________