



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: ___

53862.6/14

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 _____