



**UNIVERSITY OF LOUISIANA AT LAFAYETTE
OFFICE OF PURCHASING
PURCHASE ORDER CHANGE REQUEST FORM**

Purchase Order No. _____ <i>Cannot be used for multiple POs.</i>	Date: _____
Vendor Name/ULID _____ Sample: ABC Company/C0099999	Contact Person: _____
Line Item Number(s) _____ <i>If PO has multiple lines...</i>	Phone Extension: _____
Bid File No. _____	Department: _____

Describe the changes needed:

This section MUST be completed for requested changes. Describe EACH change. Attach additional documentation if available. Do not attach original invoices.

Choose one (1) of the sections below to provide further detail for your request.

Section A - Closure/cancellation

Please CANCEL/DELETE the PO.

*Note: Requisition encumbrance will be closed upon deletion.
Reason for cancellation. Choose one.*

- CHANGE IN FUND AVAILABILITY
- DUPLICATE ORDER
- CLOSE ENCUMBRANCE/NO LONGER NEEDED
- NON-COMPLIANT PURCHASE
- WRONG VENDOR
Do not close requisition. Issue new PO.
- Other (Explain.)

Section B - Specific fields to revise

Please revise the Purchase Order as follows:

Choose all that apply. (Purchasing rules apply.)

<input type="checkbox"/> DELIVERY DATE	FROM: _____	TO: _____
<input type="checkbox"/> QUANTITY	_____	_____
<input type="checkbox"/> UNIT OF MEASURE	_____	_____
<input type="checkbox"/> UNIT PRICE	_____	_____
<input type="checkbox"/> AMOUNT*	_____	_____

**If the amount is to be applied to separate FOAPALs, please provide the details.
Include the dollar amount to be designated to each FOAPAL line.*

FOAPAL (FUND-ORG-ACCT-PROG-LOC)	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section C - Accounting (FOAPAL) changes

- CHANGE ACCOUNTING INFORMATION (FOAPAL)

FROM:	TO:
_____	_____
FUND-ORG-ACCT-PROG-LOC	\$ _____
_____	_____
FUND-ORG-ACCT-PROG-LOC	\$ _____
_____	_____
FUND-ORG-ACCT-PROG-LOC	\$ _____

Provide accounting if amount is to be charged to separate accounts. Include dollar amount to be charged to each account on the line next to each FOAPAL line.

Approvals

Approved by:

_____ Head of Department Date	_____ Comptroller Date
_____ Dean or Administrative Head Date	_____ Purchasing Officer Date

Change Seq. No. _____ **Doc. No.** _____ **Completed by:** _____ **Date:** _____