



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

FORM PUR-114

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

**Summary description of change/alteration requested:** *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.**

**Please CANCEL/DELETE the PO.**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section B.**

**Please revise the Purchase Order as follows:**

*Choose all that apply. (Purchasing rules apply.)*

	FROM:	TO:
<input type="checkbox"/>	DELIVERY DATE	_____
<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 charged to separate FOAPALS, please provide the details.  
Include the dollar amount to be charged to each FOAPAL line.*

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

**Section C.**

☐ CHANGE ACCOUNTING INFORMATION (FOAPAL)

**FROM:**

\_\_\_\_\_  
FUND-ORG-ACCT-PROG-LOC  
\_\_\_\_\_  
FUND-ORG-ACCT-PROG-LOC  
\_\_\_\_\_  
FUND-ORG-ACCT-PROG-LOC

**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.*

**Approved by:**

\_\_\_\_\_  
Head of Department Date  
\_\_\_\_\_  
Dean or Administrative Head Date

\_\_\_\_\_  
Comptroller Date  
\_\_\_\_\_  
Purchasing Officer Date

**Change Seq. No.** \_\_\_\_\_ **Doc. No.** \_\_\_\_\_ **Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_