



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

FORM PUR-114

Purchase Order No. _____

Date: _____

Vendor Name/ULID _____

Contact Person: _____

Item No. _____
If PO has multiple lines.

Phone Extension: _____

Department: _____

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

*This section MUST be completed for all requested changes. Include description for EACH change requested.

Attach documentation if available.

Please CANCEL the PO.

Reason for cancellation. Choose one.

- CHANGE IN FUND AVAILABILITY
- DUPLICATE ORDER
- NO LONGER NEEDED
- NON-COMPLIANT PURCHASE
- WRONG VENDOR
- Other (*Explain.*)

Please revise the Purchase Order as follows:

Choose all that 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 * | \$ _____ | \$ _____ |

* 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.

FUND-ORG-ACCT-PROG	Amount
FUND-ORG-ACCT-PROG	Amount
FUND-ORG-ACCT-PROG	Amount

- CHANGE FOAPAL _____
FUND-ORG-ACCT-PROG FUND-ORG-ACCT-PROG
FUND-ORG-ACCT-PROG FUND-ORG-ACCT-PROG

Approved by:

Head of Department _____ Date _____

Fiscal Officer _____ Date _____

Dean or Administrative Head _____ Date _____

Purchasing Officer _____ Date _____

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