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. _____ Phone Extension: _____
If PO has multiple lines.

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.

	FROM:	TO:
☐ DELIVERY DATE		
☐ QUANTITY		
☐ UNIT OF MEASURE		
☐ UNIT PRICE	$	$
☐ 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

☐ CHANGE FOAPAL

FROM: FUND-ORG-ACCT-PROG	TO: 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:*** _____