

CHANGE REQUEST FORM

Click the drop down and select the business unit associated with this PO.

Purchase Order

Date Submitted

Business Unit

Select...

Buyer Name: Buyer that processed the PO
 Purchase Order #: PO number you need to change
 Vendor Name: _____
 Voucher/Trans ID: N/A

FROM:

Dept Name: _____ Dept ID: _____
 Contact: _____ EXT: _____

Be sure to have DOA over the chartfield sign here
 Approved Delegation of Authority Signature

Print name here
 Print Signature

Purchasing Department Use Only

Completed by: _____

Send to CSUBuy: YES NO

Comments: _____

Close/ Cancel Purchase Order entirely

Change all information below to read as it should appear on the corrected Document

ATTACH ANY OR ALL SUPPORTING DOCUMENTATION

Change Default Chartfield Distribution to: _____
 (Enter only information applicable to ALL lines)

Change Default Chartfield on ALL Existing vouchers

Account	Fund	Dept ID	Program	Class	Project

Cancel Line No.: _____

Add New / Change Line No(s): _____ (describe below)

Increase Total from: _____ by: _____ to: _____

Decrease Total from: _____ by: _____ to: _____

Line No.	Quantity	UOM	Category	Unit Price	Extended Price	Tax (Y/N)
Item Description →						
Distribute By:						
Dist. Line	Percent	Amount	Account	Fund	Dept ID	Project

Line No.	Quantity	UOM	Category	Unit Price	Extended Price	Tax (Y/N)
Item Description →						
Distribute By:						
Dist. Line	Percent	Amount	Account	Fund	Dept ID	Project

You may attach additional docs here

