## **CHANGE REQUEST FORM**

Buyer Name: Purchase Order #: Vendor Name: Voucher/Trans ID:    N/A	lick the drop down and select the usiness unit assoicated with this PO.						urchase (		Date Submitt						
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EXT:  Be sure to have DOA over the chartfield sign here Approved Delegation of Authority Signature  Print Signature  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)  Account Fund Dept ID Program Class Project  Cancel Line No.: Add New / Change Line No(s): Increase Total from:  Decrease Total from:  Distribute By:  Dist. Line  Quantity  UOM Category  Unit Price  Extended Price  Tax (Y/N)  Line No.  Line No.  Line No.  Unit Price  Extended Price  Tax (Y/N)  Line No.  Line No.  Line No.  Unit Price  Extended Price  Tax (Y/N)  Line No.  Line No.  Line No.  Line No.  Unit Price  Extended Price  Tax (Y/N)  Line No.  Line No.  Line No.  Line No.  Line Description →  Distribute By:  Distribute By:  Distribute By:				Dept	ID:			Co	mpleted	pv.					
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