

CHANGE ORDER REQUEST

IMPORTANT: Invoices that do not exceed 15% or (\$300) of the original PO amount can be processed without a formal Change Order. In any case, the total of all change orders can not exceed 25% of the original purchase order.

Date: _____ Purchase Order No: _____ Requestor Name: _____

Department: _____ Vendor Name: _____

Vendor J#: _____

Original PO Amount _____ New PO Amount _____

| Action | | | Description | Qty | Unit Price | Total of Change |
|---------|-----------------------------------|----------|-------------|-----|------------|-----------------|
| Add New | Increase | Decrease | | | | |
| Add New | Increase <input type="checkbox"/> | Decrease | | | | |
| Add New | Increase | Decrease | | | | |

Reasons, comments, etc:

Required FOAPAL amount change:

| | | | Fund | Org | Acct | Prog | Activity | Locn | Amount |
|---------|----------|----------|------|-----|------|------|----------|------|--------|
| Add New | Increase | Decrease | | | | | | | |
| Add New | Increase | Decrease | | | | | | | |
| Add New | Increase | Decrease | | | | | | | |

Request Approved By: _____ Date: _____

Request Approved By: _____ Date: _____

*** Approvals must be identical to those required for purchase order and/or Direct Pay processing.**

Please complete and return to the following:

The University of South Alabama
 Purchasing Department
 Technology and Research Park Bldg. III
 650 Clinic Drive, Suite 1400
 Mobile, AL 36688 -0002
 Phone: (251) 460-6151
 Fax: (251) 414-8291