

## PURCHASE ORDER CHANGE FORM

Purchase Order (4XXXXXXXXXX)/  
 Purchasing Group: \_\_\_\_\_ Shopping Cart: \_\_\_\_\_

Supplier: \_\_\_\_\_ FY \_\_\_\_\_ Date \_\_\_\_\_

Action Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESIRED ACTION TO BE TAKEN: (check appropriate box on left OR right section below)**

All Cost Objects on the PO requested for change must be open and available for posting in order for the adjustments to be completed. Please verify before submitting the change request to the Office of Central Procurement.

<p><b>Further Action Required - check appropriate line and complete next four sections:</b></p> <p><input type="checkbox"/> Budgetary Modifications</p> <p><input type="checkbox"/> Decrease</p>	<p style="text-align: center;"><b>No Further action required - check appropriate line and proceed to signature line:</b></p> <p><input type="checkbox"/> Close (Invoices have been paid against this order)</p> <p><input type="checkbox"/> Cancel (There have been no invoices paid against this order)*  <small>*Has vendor been notified about order cancellations?</small></p>
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To be completed for **DECREASE** (also complete Justification section)

Line Item	Cost Object Type*	Cost Object #	GL Account #	Business Area #	Grant #	Current Amount	Amount to Decrease	New Order Amount

To be completed for **BUDGETARY MODIFICATIONS** (also complete Justification section)

Transfer	Cost Object Type*	Cost Object #	GL Account #	Business Area #	Grant #	Project #	Clarify Amount (Total amount being transferred) From and To Amounts must match
From							
To							
From							
To							
From							
To							

**DETAILED JUSTIFICATION - SPECIFIC REASON FOR INCREASE/DECREASE**

**APPROVALS (required for all actions)**

<p>The requested action support our objectives and is appropriate within University policies.</p>	<p>Sufficient funds will exist for changes requiring additional funds. Changes comply with University fiscal policy.</p>
<p style="text-align: center;">Budget Administrator/Budget Executive Name</p>	<p style="text-align: center;">Financial Officer Name</p>
<p>Signature of Budget Administrator/Budget Executive _____ Date _____</p>	<p>Signature of Financial Officer _____ Date _____</p>

**SUBMISSION INSTRUCTIONS**

**SUBMITTING A PURCHASE ORDER CHANGE FORM:** After completing Purchase Order Change Form, rename the file to be uploaded as "POCF[PO#]" (i.e., PO410000123), attach and send via email to [purchasing@psu.edu](mailto:purchasing@psu.edu), referencing the shopping cart or PO number in the subject line of the email (e.g., POCF410000123).