



## Change Order Requisition Form

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

### GUIDELINES

This form is to request a change to an established PO. It will require the same approval process as a PO.

### INSTRUCTIONS

- Attach quote from vendor for requested change
- Submit to procurement@mines.edu

### ORIGINAL PURCHASE

Original Purchase Order #: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

- Discretionary purchase of  $\leq$  \$50,000 for goods or services.
- Sole Source / DQ / IFB / RFP
- Contract #: \_\_\_\_\_
- Exclusion Type: \_\_\_\_\_

### REQUESTED CHANGE

1. Please provide a detailed description on the requested change.

### ACCOUNTING INFORMATION

Line #: \_\_\_\_\_ Index: \_\_\_\_\_ Account: \_\_\_\_\_ Amount\$: \_\_\_\_\_

Line #: \_\_\_\_\_ Index: \_\_\_\_\_ Account: \_\_\_\_\_ Amount\$: \_\_\_\_\_

Line #: \_\_\_\_\_ Index: \_\_\_\_\_ Account: \_\_\_\_\_ Amount\$: \_\_\_\_\_

Line #: \_\_\_\_\_ Index: \_\_\_\_\_ Account: \_\_\_\_\_ Amount\$: \_\_\_\_\_

### APPROVAL

Approver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_