CHANGE ORDER REQUEST

IMPORTANT: Invoices that do not exceed 15% or (\$300) of the original PO amount can be p rocessed 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		No:	o: Requestor Name:					
Department:				Vendor Name:					
Vendor J#:									
Original PO Amount				New PO Amount					
Action				Description				Unit Price	Total of Change
Add Ne	Add New Increase Decrease								
Add Ne	w Increase	Decrease							
Add Ne	w Increase	Decrease							
Reasons, cor	mments, etc:								
Required FOAPAL amount change:			Fund	Org	Acct	Prog	Activity	Locn	Amount
Add Ne	w Increase	Decrease		9					
Add Ne	w Increase	Decrease							
Add Ne	w 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

Phone: (251) 460-615 Fax: (251) 414-8291