

# Purchase Order Adjustment Form

Please review and complete all **REQUIRED** information (\*) per the instructions below:

1. For Cancellations/Closure Requests – Please check the box and provide the reason for the cancellation/closure.
2. Effective Date Change- Please check the box and provide the new date or dates
3. For budget additions/deletions provide information for numbers 1, 2, 3 and 5 (required)
4. For PO cancellations or closures provide information for numbers 1-5 (if applicable)

|  |   |
|--|---|
| Date:<br><br>*Department:<br><br>*Contact Person:<br><br>*Phone:<br><br>*Adjustment Request Number:<br><br>1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___<br><br>7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ | *PO#:<br><br>Req#:<br><br>*Original PO Date:<br><br>*Vendor Name:<br><br>*Vendor Number:<br><br>*Blanket:    Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>*OU Service Agreement Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|

- Cancel/Close – Reason \_\_\_\_\_
- New Effective Dates: \_\_\_\_\_

**Budget Change Info Section:** \*For multiple line items, fund #'s or acct. codes specify dollar amount per item, fund or acct. code to be increased or decreased & note + or – next to amount:

1. Original Purchase Order Amount: \$ \_\_\_\_\_
2. Total for all Previous Adjustments (Increases): \$ \_\_\_\_\_
3. Total for all Previous Adjustments (Decreases): \$ \_\_\_\_\_
4. Current Total of all Payments Processed to Date \$ \_\_\_\_\_
5. Amount of Adjustment Per Line Item/Fund # or Acct. Code:
 

|            |              |                  |          |          |
|------------|--------------|------------------|----------|----------|
| Line # ___ | Fund # _____ | Acct. Code _____ | (+ or -) | \$ _____ |
| Line # ___ | Fund # _____ | Acct. Code _____ | (+ or -) | \$ _____ |
| Line # ___ | Fund # _____ | Acct. Code _____ | (+ or -) | \$ _____ |
| Line # ___ | Fund # _____ | Acct. Code _____ | (+ or -) | \$ _____ |

\*For additional line items or fund or acct. code changes provide on an attachment\*
6. Revised purchase Order Total (reflects lines 1,2, 3 & 5 if applicable) \$ \_\_\_\_\_

Reason for Adjustment:

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|-------------------------|-------------------------|--|
| Required Signature (s): | Department              |  |
| < \$100,000             | Division V.P.           |  |
| If Required             | Grants Dept.            |  |
| < \$200,000             | V.P. Finance & Admin.   |  |
| < \$350,000             | Chief Operating Officer |  |
| Up to \$1,000,000       | President               |  |