

Purchase Order change request

Date (Required):

P.O. Number (Required):
Vendor Name (Required):
Current Total PO Amount (Required):

Contact Purchasing
Phone: 508-856-3908
Fax: 508-856-7880
email: purchasing@umassmed.edu

Please read before filling-out form:

*A change order is **not required** for transportation/shipping charges EXCEPT for capital equipment. They will be automatically paid.

*A change order is **not required** when the value of the change is 10% or less of the original PO EXCEPT for capital equipment or Contracts for Services

Change type - check all that apply

- PO Increase
 PO Decrease
 Add New Line
 Chartfield Change
 Contract Expiration Change

New Expire Date

Line # or "New" to add line	Description of item or change				Quantity	Unit Price	Amount
Speed Chart #	Account	Fund	Department ID	Program	Proj/Grant #		

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Speed Chart #	Account	Fund	Department ID	Program	Proj/Grant #		

Dept Approver (Required):	Phone # (Required):
Dept Approver 2:	Phone #:
Principal Investigator:	

Please note the following submission requirements:

- *Change orders for PO's with account numbers beginning with 757 (Contracts for Services [CSF]) must be printed and forwarded to the Grants and Contracts department with the appropriate backup documentation.
- *Change orders with a total PO value <\$10000, **non 757 accounts** may be emailed directly to Purchasing using the email button below.
- *Change orders with a total PO value >=\$10000, **non 757 accounts** must be printed, signed and forwarded to the Purchasing department with appropriate backup documentation and must include the PI signature for all restricted fund chartfield strings.

Plant Approver:

Grant/
Contract Approver:

State Approver:

Budget Approver: