

# Purchase Order Adjustment & Cancellation Request

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

1. For **Purchase Order Cancellations** – Please check the box and provide the reason for the cancellation/closure (**Use this form for Canceling Services or Product Purchases**).
2. Effective Date Change- Please check the box and provide the new date or dates
3. For **POA Fund additions/subtractions** provide information for numbers 1, 2, 3 and 4 (required)
4. For PO cancellations provide information for numbers 1- 4 (if applicable)

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

- ☐ **PO Cancellation Reason:** \_\_\_\_\_
- ☐ Effective Date: \_\_\_\_\_

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. List the Original Purchase Order Amount: \_\_\_\_\_
  2. List Total Amount of all Previous POA's to Increase PO Amount (+) \_\_\_\_\_
  3. List Total Amount of all Previous POA's to Decrease PO Amount (-) \_\_\_\_\_
  4. **Current Purchase Order Value:** \_\_\_\_\_
  5. **New PO Adjustment Request Info below:**
- |        |        |            |          |       |
|--------|--------|------------|----------|-------|
| 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\*

**New Purchase Order Total for this POA Request** (Numbers 1-5) \_\_\_\_\_

**Reason for Adjustment Request (Attach document Support for review)**

## **Required Signature (s):**

See Policy 410	Department Authorization	_____
See Policy 410	Division Authorization	_____
If Required	Grant Approval	_____
\$1 Million	VP. Finance Approval	_____
\$2.5 Million	President Approval	_____
Approval Request	Purchasing Dept.	_____