Buyer,

Please issue a change order as detailed below:

PO Number: ____________________________

Vendor name on PO ____________________________

Description of Change:

__________________________________________
__________________________________________
__________________________________________
__________________________________________

For the following, fill in ONLY the information changed since the last Purchase Order action:

Changes to Budget/ Project period:

  Subcontract Budget Period: ____________________________
  Subcontract Project Period: ____________________________

Changes to Index number(s)/ distribution:
  Note: If split Index, itemize by Index and dollar or percentage allocated. If change in Index, indicate prior and new Index numbers

  Increase/Decrease in Budget Period Amount by: $ __________
  Index number: ____________________________
  _______________________________________
  _______________________________________
  _______________________________________

  Subcontractor Cost share? Y/N.
  If yes, increase/decrease amount by: $ __________

Comments:
Please share anything that would aid in communicating the purpose of the change or other meaningful information)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Backup Information:

The following backup information was/ will be sent to buyer:

___ Prime Award Notice covering the Budget Period of the request
___ Subcontractor Statement of Work (Not needed if no change but
   state so in Comments above)
___ Subcontractor’s Detailed Budget itemizing costs allocated for the
   requested Budget Period (Not needed if grant is under NIH SNAP)

By: (Indicate one)
___ Faxed to 534-5803
___ Mailed to 0914

Certification of Authority to Place Order

I certify that I am authorized by the PI ____________________________
Name of PI
to make changes to the subject purchase order.

I confirm the above information to be correct.

Dept Point of Contact:

Name: _________________________ Phone: _________________________ Fax: _________________________ Mail Code: _______