Clint Independent School District
Request to Close or Revise an Approved Purchase Order Form

eForm

Section 1: Purchase Order / s Information *(To be completed by the requesting Campus or Department)*					
PO Number:		Current PO Amount:		Vendor Name:	
		Revised PO Amount:			

Reason for request to close or cancel: ◯ Close ◯ Cancel

Section 2: Requestor Information *(To be completed by the requesting Campus or Department)*		
Request Date:		
Requested By:		
Requestor Email:		

Section 3: Approver Information *(To be completed by the requesting Campus or Department)*	
Approved By Name:	
Approved By Title:	

Approved By Signature: _____ Approved Date: _____

Section 4: Business Services Verification / Action *(For Business Services Department Use Only)*	
Reviewed and Approved by:	Action being taken: ☐ Approved ☐ Denied
Name of Personnel Handling Request:	Action Notes:
Date Processed: _____	

Campus / Department: You must verify the items / services requested have not been shipped or or provided. Once approved form has been received contact vendor and cancel the order.

Rev: 2 Date: 2/6/17