386 E. Black Street
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Rock Hill, SC 29731

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Purchase Order Change Form

LOCATION: DATE:

VENDOR NAME: PO#:

BRIEF DESCRIPTION OF PURCHASE ORDER:

TYPE OF CHANGE(S):

- ☐ Contract scope of work
- ☐ Contract pricing
- ☐ Quantity
- ☐ Other

ACCOUNT NUMBER:

REASON FOR CHANGE(S):

The original purchase order amount including previous Change Orders:

- ◯ Decreased
- ◯ Increased
- ◯ No Change

Updated Purchase Order amount

Authorized Signature (Principal/Director) Date:

* This form must be completed if any change exceeds 10% of the original purchase order price OR the original purchase order quantity. *

Updated March 22, 2024