



PURCHASE ORDER REVISION REQUEST FORM

Vendor Name: _____ Campus/Dept. _____

Purchase Order # _____

☐

Price Adjustment

☐

Add New Line Item

☐

Close/Void Purchase Order

☐

Delete Line Item

☐

Other

Reason for Revision **(Please include support backup):**

Total Amount of Original PO: \$ _____

Adjusted Cost: \$ _____

New PO Total Amount: \$ _____

Account # _____

Director/Principal Approval Signature	Date
Processed By (Finance Dept.) Signature	Date

PO Revisions for price adjustments are only required when changes are over \$100.00dls.