CHANGE ORDER AUTHORIZATION
FISCAL YEAR 2026-2027

RETURN SIGNED AND COMPLETED FORM TO PURCHASING DEPARTMENT

DATE: _____

P.O. # _____

VENDOR NAME: _____

VENDOR # _____

PARTIAL OR COMPLETE LIQUIDATION

AMOUNT OF ORIGINAL PURCHASE ORDER: **$** _____

LESS PREVIOUS PAYMENTS/LIQUIDATIONS: **$** _____

LESS AMOUNT(S) SCANNED IN FOR PAYMENT: **$** _____

AMOUNT TO BE LIQUIDATED: **$** _____

REASON/NOTES: _____

CODING CHANGES (Please list dollar amounts.)

CHANGE OCAS CODE **FROM**: _____

CHANGE OCAS CODE **TO**: _____

REMARKS, MULTIPLE LINE CHANGES, REINSTATEMENT :_____

_____

_____

_____

APPROVED AT SITE/LOCATION/DEPT. BY: _____

PROCESSED IN PURCHASING BY: _____DATE: _____