

**GANANDA CENTRAL SCHOOL DISTRICT
PURCHASE ORDER CHANGE REQUEST**

Type or Print Clearly

Requested By: _____

Change Order No.: _____ To Purchase Order No.: _____ Change Order Date: _____

Vendor : _____ Vendor No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number	Amount

This form is ONLY to be used for making changes to existing purchase orders. If preparation of this change order completes the initial order (i.e. all material has been received), approve and attach a copy of the original purchase order to the BACK of this document and forward both to the Business Office.

TYPE OF CHANGE:

- Quantity Decrease**
Decrease the number of items purchased

- Quantity Increase**
Increase the number of items purchased

- Change Shipping Address**
New address listed below

- Partial Cancellation**
Delete specific items from order

- Total Cancellation**
Cancel the entire purchase order

REASON FOR CHANGE:

SEND TO THE BUSINESS OFFICE

COPY 1: ACCOUNTS PAYABLE

COPY 2: ORIGINATOR

REQUIRED SIGNATURES

DEPT. MANAGER: _____

BUSINESS OFFICE: _____