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## Purchase Order Change Form

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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):

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The original purchase order amount including previous Change Orders:

- ☐ Decreased
- ☐ Increased
- ☐ No Change

Updated Purchase Order amount

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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. \*