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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.\*\*