UF PURCHASE ORDER CHANGE REQUEST Business Unit PO# _____ E-Mail to purchasing@ufl.edu or Fax to 352-392-8837 (Please complete all fields) or Mail to PO Box 115250 Requestor: Bus. Unit Name: Vendor Name: Phone: Department Approver: _____ (print) or Email: Approver Signature: _____ Date: ____ Please select the action you wish to take and then fill in additional information below: ☐ Complete this **CYFWD PO** that has not been vouchered against in this fiscal year (this is only an option for APPROP funds) ☐ CANCELLATION ☐ INCREASE ☐ DECREASE (For non-vouchered POs only) Reason (required - check one): Reason (required - check one): Reason (required - check one): ☐ Increase encumbrance to include ☐ Received fewer than ☐ Vendor could not provide product/service freight/shipping ordered ☐ Wrong vendor on PO ☐ Invoice came in over quoted amount ☐ Mistyped original quantity/price/ ☐ Wrong chartfield information on PO ☐ Mistyped original quantity/price/total total amount Other ____ (and E2E is not possible) amount ☐ Paid with Pcard or Unencumbered ☐ Other ☐ PO never used and need to release encumbrance ☐ Other ☐ Check if vendor has agreed to cancellation of this PO and has not charged any fees (restocking, cancellation, etc.) ☐ Check if vendor must receive this change notice (if this box is not checked the vendor will not receive a change notice) For Each Line Item (use additional form(s) if changing more than 2 items on a single PO) BUDGET REFERENCE: _____ PO LINE NUMBER: ____ DISTRIBUTION LINE NUMBER: ____ FUND CODE: _____ ☐ Cancel entire line balance leaving a new total of zero (\$ 0.00) (for non-vouchered PO lines only) New Unit Price \$ ☐ Increase Line to: \$ New Quantity New Quantity _____ New Unit Price \$ _____ Decrease Line to: \$ _____ Change/Add Description to: New Due Date: PO LINE NUMBER: ____ FUND CODE: _____ BUDGET REFERENCE: _____ Cancel entire line balance leaving a new total of zero (\$ 0.00) (for non-vouchered PO lines only) ☐ Increase Line to: \$ _____ New Quantity _____ New Unit Price \$ _____ New Quantity _____ Decrease Line to:\$ ___ New Unit Price \$ _____

Notes _______

Completed by ______ Date _____

☐ Vouchered ☐ Emailed ☐ Called ☐ Reconciled (Reg #

[Purchasing Use Only]

New Due Date: ____

Date

Change/Add Description to:

Purchasing Approval

New Ship-To Location Number: