



P.O. CANCELLATION / CHANGE REQUEST FORM

Requester: Date:

Buyer:

OPTION 1: Cancellation of P.O.

P.O. Number:

Purchase Order will be liquidated in its entirety. No further transaction will be allowed. Add additional pages if necessary.

COMMENTS



OPTION 2: Change Order Request

P.O. Number	Line No./ Schedule No.	Current Distribution Chartfield	New Distribution Chartfield Changes <i>(If any)</i>	Original Schedule Amount	Decrease Amount	New Schedule Amount or Balance remaining

COMMENTS

Signature of Requester

Date

Signature of Approver

Date

Name:

Name:

Title:

Title:

Dept:

Dept: