

## Change Order Request

Submit to:  
Purchasing@gavilan.edu

**THIS FORM IS USED TO** request an increase or decrease in the dollar amount of an existing Purchase Order (PO), update FOAP, or close Purchase Order (PO).

Date Submitted: _____	PO#: _____
Vendor Name: _____	
Requestor: _____ Department: _____	

### Change Funding

### Increase PO

### Decrease PO

### Close PO



<b>From:</b>	Fund	Org	Account	Program
	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<b>To:</b>	Fund	Org	Account	Program
	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**Note:** Prior to closing an issued purchase order make sure that all outstanding invoices (received or expected) are paid.

### Justification for Change Order (Required):

Original P.O. Amount:     \$ \_\_\_\_\_

Change Order Amount:     \$ \_\_\_\_\_

Revised P.O. Total:     \$ \_\_\_\_\_

<b>APPROVALS</b>	
Supervisor _____	Date: _____
Budget Manager _____ <small>(if different from Supervisor)</small>	Date: _____
<b>If the revised P.O. Total is greater than \$5,000, area VP Approval is needed</b>	
Area VP _____	Date: _____