



UNIVERSITY OF SOUTH ALABAMA

CHANGE ORDER REQUEST

IMPORTANT: This form is only mandatory for Purchase Order change order requests that require accounting changes in excess of \$250.00 or 15% above original amount.

Date: _____ Purchase Order No: _____ Requestor Name: _____

Department: _____ Vendor Name: _____

Vendor J#: _____

New PO Amount _____

Table with 5 columns: Action, Description, Qty, Unit Price, Total of Change. Each row contains checkboxes for Add New, Increase, and Decrease.

Reasons, comments, etc:

Two horizontal lines for entering reasons and comments.

Change FOAPAL from:

Table with 8 columns: Fund, Org, Acct, Prog, Activity, Locn, Amount. Each row contains checkboxes for Add New, Increase, and Decrease.

Request Approved By: _____ Date: _____

Request Approved By: _____ Date: _____

* Approvals must be identical to those required for purchase order and/or Direct Pay processing.

Please complete and return to the following:

The University of South Alabama
Purchasing Department
Technology and Research Park Bldg. III
650 Clinic Drive, Suite 1400
Mobile, AL 36688-0002
Phone: (251) 460-6151
Fax: (251) 414-8291

PURCHASING DEPARTMENT
TRP 3, Suite 1400 | 650 Clinic Drive | Mobile, Alabama 36688-0002
TEL: 251) 460-6151 | FAX: (251) 414-8291 | SouthAlabaama.edu