

Purchase Order change request

Date (Required):

P.O. Number (Required):
Vendor Name (Required):
Current PO Amount (Required):

Contact Purchasing
Phone: 508-856-3900
Fax: 508-856-7880
email: purchasing@umassmed.edu

Line #	Description of item or change (Required)			Quantity	Unit Price	Amount
Speed Chart #	Account	Fund	Department ID	Program	Proj/Grant #	
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Dept Approver (Required):		Phone # (Required):	
Principal Investigator:		PI Signature:	

Please note the following submission requirements:
 Change orders for PO's with account numbers beginning with 757 (Contracts for Services[CFS]) must be printed and forwarded to the Contracts Administrator, Financial Services, with the appropriate backup documentation.
 Change Orders with a total PO value <\$10000, non 757 accounts may be emailed to purchasing@umassmed.edu
 Change orders with a total PO value >=\$10000, non 757 accounts must be signed and forwarded to Purchasing with the appropriate backup documentation and must include the PI signature for all restricted fund chartfield string PO's.

Additional Pages

For additional lines, check the box to the left, then click the link to open additional line item pages [http://inside.umassmed.edu/uploadedFiles/policies/Vol9-1_Purchasing/Change%20template%20Multi%20Line\(1\).pdf](http://inside.umassmed.edu/uploadedFiles/policies/Vol9-1_Purchasing/Change%20template%20Multi%20Line(1).pdf). Multi page change requests must be submitted via fax (508-856-7880) or mail to Purchasing - 333 South St

Plant Approver:	
Grant/ Contract Approver:	

State Approver:	
Budget Approver:	