# CHANGE ORDER or CONTRACT AMENDMENT REQUEST

**Vendor Name:**_____

PO (Change order)  PO Number _____  ORG Code_____

**OR**

Contract Amendment*  Contract Number _____  ORG Code _____

*Please allow 2-3 weeks for processing due to the review, approval and the need for multiple signatures.*

_____

**MODIFICATIONS:** List all modifications being requested.

**Dollar Amount:**  Increase by $ _____

Decrease by $ _____

Original Amount $ _____  Adjusted Amount $ _____

**Justification:**

**Change(s):** Details of what change(s) are being requested in the Statement of Work (SOW), change of Line Item, etc. ***If making changes to the SOW (for contracts), email a Word file to Lynn Beltran.***

Requested By _____  Ext _____
　　　　　　　　Print Name

Signature _____  Date _____

*If the dollar amount of the Purchase Order/Contract is being increased, a second level authorization signature is required.*

Second Level _____  Ext _____
　　　　　　　　Print Name

Signature _____  Date _____

*Purchasing Only*

Approved: ☐Y ☐N   By: _____   Date: _____   Change Order # _____

Amendment # _____   Exhibit # _____   Option Letter # _____

Insurance Required: ☐Y ☐N   PERA: ☐Y ☐N   Contractor Questionnaire: ☐Y ☐N   Revised Quote: ☐Y ☐N

Department Review _____   Controller/VP Review _____   Mailed _____

**COMPLETED:** PO _____ Amendment _____ Indexed _____