Date: 4/14/2023

|  |  |
| --- | --- |
| **Requestor:** | **Enter Requestor Name** |

|  |  |
| --- | --- |
| **Project/Work Order Name:** | **Enter Project Name if Applicable** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Purchase Order #:** | **PO #** | **Vendor:** | **Enter Vendor** |

**Budget Modification**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSFER** | **COST OBJECT #** | **GL ACCOUNT #** | **CLARIFY AMOUNT****(TOTAL AMOUNT BEING TRANSFERRED) FROM & TO ACCOUNTS MUST MATCH** |
| FROM: | **Add text** | **Add text** | **Add text** |
| TO: | **Add text** | **Add text** | **Add text** |
| FROM: | **Add text** | **Add text** | **Add text** |
| TO: | **Add text** | **Add text** | **Add text** |
| FROM: | **Add text** | **Add text** | **Add text** |
| TO: | **Add text** | **Add text** | **Add text** |

**Change Order Action**

Please Choose an item above Purchase Order encumbrance by the amount of $ **Add $ amount**

Reason for Change Order:

**Enter reason**

Have you confirmed the changes with the vendor?

[ ]  YES [ ]  NO

Who did you confirm with at the Vendor?

Name of person at the vendor

Date confirmed:

Confirmation Date

Person doing the Confirmation:

Person completing the confirmation

**Confirmation**

I have reviewed the scope of work and agree to the cost and time associated with this and feel the change in price is fair and reasonable.

**Please attach any email communications to confirm the POCR communication with the vendor.**

**EMAIL FORM** **FORM**

***Send completed/signed form to:***

***OPP Stores email:*** ***oppstorespurchasing@psu.edu***

***OPP Accounting:*** ***opp-pochange@psu.edu***