

Auxiliary Services 6300A University Center Tallahassee, FL 32306-2391 Ctl-AuxiliaryAccounting@fsu.edu

Internal Purchase Order Change Request

INSTRUCTIONS: Please fill out all fields as indicated for each section. Attach additional pages if needed. Submit electronically via email using the "Email Form"button below. Paper forms are not accepted.

Selling auxiliaries should be notified of the need to charge a new purchase order (PO) or PO line or adjust the goods/services provided. The PO encumbers funds and is required for services to be rendered, but does not communicate the need for changes in PO/PO line or goods/ services to the auxiliary. Contact the selling auxiliary to conveythis information.

Section I. Please fill out all fields.

Reque	stor:	Date:	PO#	Sup	plier ID:		S	upplier Na	me:		
Department Approval			<u>Project Approval</u> (Required for 5xx Funds; For 500-598 send to Sponsored Research; fund 599 send to Foundation AP; fund 544/545 to FSURF)					Additional Approver (if needed)			
Dept. Approver (Name): Dept. Signature:			Project Approver (Name):					Approver (Name):			
			Project Approver Signature:				Signature:				
Date:			Date:					Date:			
Sectio	n II. Please fill out applicabl	le fields.									
○ Ca	the below. If you believe there are incel this entire PO: This is an open the changes: Describe in the table.	ption only when vouch	ners haven't been proce	ssed on the P	O; i.e. when	the PO hasn't	been char	ged yet.		optional cha	rtfield.
Line	Action Descri	ption	Category Code	Dept ID	Fund	Project	CF 1	CF 2	CF 3	New Price	New Tota
				1		l					1
				1	1	1	1	1			
					1	1	1	1	1	1	1