

# The Lawrence P.O. Change Order Request Form

## Requester Information

<b>Name:</b>		<b>Request Date:</b>
<b>LHS Department:</b>	<b>Dept. Super Shopper:</b>	

## Expense Information

<b>Vendor:</b>		<b>BB PO #:</b>	<b>Original PO Amount:</b>				
<b>Business Reason for Change Order:</b>							
<b>Action Required for Change Order:</b>	<input type="checkbox"/> Add money to PO	Amount to add & Line # to Modify:					
	<input type="checkbox"/> Reduce PO Amount (Single line PO)	New PO Amount:					
	<input type="checkbox"/> Reduce PO Amount (Multiple line PO)	Amount and Line # to Modify:					
	<input type="checkbox"/> Update Funding Source	List Line # to Modify. Update COA in Next Section:					
<b>Chart of Accounts (COA):</b>		<b>Account</b>	<b>Fund</b>	<b>Dept</b>	<b>Prgm</b>	<b>CF1</b>	<b>CF2</b>
	OLD COA						
	NEW COA						
<b>Approvals:</b>	<b>Director/PI Approval:</b>					DATE:	
	<b>F.A. Approval:</b>					DATE:	
	<b>Dept Approver:</b> Florencia Ramos, Deputy Director, LHS or Amanda Poon, LHS Budget Officer					DATE:	

### Reminders:

- A new Certificate of Insurance may be required if the original one has expired.
- Please consult with LHS Administrative Commodities Officer, Virginia Aban to confirm if additional supporting documentation is required to process your Change Order Request.

FOR BUSINESS OFFICE USE ONLY:			
RECEIVED DATE	DATE SUBMITTED TO CSS	COMPLETION DATE	LHS STAFF INITIALS