CSM Change Order Requisition Form

Requestor Name: __________________________
Date: __________________________

GUIDELINES

This form is to request a change to an established PO. It will require the same approval process as a PO.

INSTRUCTIONS

- Attach quote from vendor for requested change
- Submit to procurement@mines.edu

ORIGINAL PURCHASE

Original Purchase Order #: __________ Vendor Name: __________________________
☐ Discretionary purchase of ≤ $50,000 for goods or services.
☐ Sole Source / DQ / IFB / RFP #: __________________________
☐ Contract __________________________

REQUESTED CHANGE

1. Please provide a detailed description on the requested change.

ACCOUNTING INFORMATION

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<th>Line #</th>
<th>Index</th>
<th>Account</th>
<th>Amount$</th>
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APPROVAL

Approver Name: __________________________ Signature: __________________________ Date: __________________________