

Southern Illinois University Edwardsville
PURCHASE ORDER REVISION REQUEST

Preparer Information:

Name: _____ Email: _____ Box #: _____
 Phone #: _____ Fax #: _____

Purchase Order Information:

PO #: _____ AIS Budget Purpose #: _____ Fiscal Year: _____
 Supplier Name: _____
 Contact Name: _____ Contact E-Mail: _____

Revision Request Information:

Reason for Request: _____
 Revision #: _____

Dollar Amount

Current Purchase Order Dollar Amount (Total):

Increase	Decrease	Line #	/BP#	_____
		Line #	/BP#	_____
		Line #	/BP#	_____
		Line #	/BP#	_____
		Line #	/BP#	_____

Input a "-" in front of decrease amounts to subtract from total

Add new Line using BP# _____ in amount of: _____

Revised Purchase Order Dollar Amount (Total): _____

Change Account (BP) Information

Line #	Budget Purpose		Dollar Amount to Transfer
	From	To	

Note to buyer: _____

Approvals:

 Account Fiscal Officer Date

 Information Technology Services Date

 Vice Chancellor/Provost Date

 Office of Research & Projects (Grants) Date

 Purchasing Date

 Special Approvals, where applicable Date

 Chancellor Date

 SIU President Date