

**University Corporation at Monterey Bay
PURCHASING ALTERATION REQUEST**

Date: _____

Name of Buyer: _____

Vendor Name: _____

Vendor Fax: _____

Dept Signature: _____

Authorizing Signature: _____

PO #: _____

Req #: _____

Dept Contact: _____

Dept Phone: _____

Dept Bldg/Rm: _____

Type of Alteration Requested (check one or more and describe in detail in space provided)

<input type="checkbox"/> Change Vendor To:	_____						
<input type="checkbox"/> Change Item Quantity	From:	_____	To:	_____			
<input type="checkbox"/> Change Item Unit Price	From:	_____	To:	_____			
<input type="checkbox"/> Addition/Deletion of Item	_____						
<input type="checkbox"/> Change in Description	From:	_____					
	To:	_____					
<input type="checkbox"/> Change Account Distribution		Unit	Fund	Account	DeptID	Class	Project
	From:						
	To:						
<input type="checkbox"/> Cancel Entire Purchase Order	Reason:	_____					

Original Encumbrance	Amount to Adjust	New Total
	(+ or -)	-

Purchasing Use Only:	Completed By: _____	Date: _____
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