

Olds College
Purchasing Department
4500 50 Street Olds, AB T4H 1R6 T: 403.556.4785 ccampbell@oldscollege.ca

B300 – 2FORM CHANGE ORDER DRAFT

THIS FORM IS FOR INTERNAL USE ONLY

Please email to Purchasing

Supplier:				
1. Can	icel Ordei	in its Entirety ase Order Lines a	as follows:	
LINE#	QTY		DESCRIPTION	LINE REVISED PRICE (NO GST INCLUDED)
Current	PO total (a)	caluding CST)		
Revised	PO total (e	excluding GST)	ode, account) as indicated:	
Reason	ns for Ch	ange/Additiona	Instructions/Comments:	
Departn				
Authorization: Budget Owner Name:			(Print Name)	
Budget Owner Signature:			(Signature)	