

**The Trustees of the California State University
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
Office of Procurement and Contracts**

CHANGE ORDER REQUEST

Purchase Order No.: _____

Date: _____

Department: _____

Requested by _____

Location: _____

Approved by: _____
Dean/Fiscal office (Department)

Phone No.: _____

APPROVED BY: _____
PCLASS Director/or Designee

Instructions:
Please check the items you wish to change and forward to the Procurement Office. Procurement will make the change and advise you by returning revised Purchase Order
<input type="checkbox"/> Cancellation <input type="checkbox"/> Item Description <input type="checkbox"/> Item Price <input type="checkbox"/> Service Change <input type="checkbox"/> Freight Terms <input type="checkbox"/> Account Number <input type="checkbox"/> Other
_____ _____

Vendor Change
Name: _____
Address: _____

Account	Fund	Dept ID	Program	Class	Proj/ Grant

CHANGES: No change or modification in terms, quantities, or specifications may be made without express authorization by the Office of Procurement and Contracts.

ITEM	QUANTITY	U/M	CATALOG	DESCRIPTION	UNIT	EXT.