



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 \leq \$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

Line #: _____ Index: _____ Account: _____ Amount\$: _____

Line #: _____ Index: _____ Account: _____ Amount\$: _____

Line #: _____ Index: _____ Account: _____ Amount\$: _____

APPROVAL

Approver Name: _____ Signature: _____ Date: _____