City of Revere
Purchase Order Change Request Form

Date: _____   Dept Head Approval:_____

To: **Michael Piccardi, Purchasing Agent**   Purchasing Approval:_____

From: _____   Audit Change Performed by:_____

Vendor #: _____   Vendor Name: _____

Please make the following changes in the computer:

1.   **Purchase order number 202__-_____ contains an incorrect Vendor/Vendor # :**

     Please change from (Vendor No./Vendor Name)_____ _____

     Please change to (Vendor No./Vendor Name)_____ _____

2.   **Purchase order number 202 __-_____ contains an incorrect General Ledger Account No:**

     Please change from (Account #) _____

     Please change to (Account #) _____

3.   **Purchase order number 202 __-_____ contains an incorrect total amount:**

     Please change from ($) _____

     Please change to ($) _____

4.   **Purchase order number 202 __-_____ contains an incorrect Vendor Address:**

     Please change from (Address, City, State, Zip)_____

     _____

     Please change to (Address, City, State, Zip)_____

     _____

5.   **Please VOID Purchase order number 202 __-_____ :**

Please explain reason for the change/s.

_____

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