

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: _____
Account #: _____	Account Name: _____

Please make the following change(s):

- 1 Purchase Order Number _____ contains an incorrect Vendor:
Please change from (Vendor # and Vendor Name): _____
Please change to (Vendor # and Vendor Name): _____

- 2 Purchase Order Number _____ contains an incorrect Account #:
Please change from (Account #): _____
Please change to (Account #): _____

- 3 Purchase Order Number _____ contains an incorrect total amount:
Please change from (\$): _____
Please change to (\$): _____

- 4 **CLOSE** Purchase Order Number: _____
with a balance of (\$): _____

Please explain reason for the change(s):
