



Georgia Institute of Technology

FACILITIES PURCHASE ORDER CHANGE REQUEST FORM

DATE:*

REQUESTOR:*

APPROVAL SIGNATURES:*

NAME:

DATE:

SIGNATURE:

NAME:

DATE:

SIGNATURE:

NAME:

DATE:

SIGNATURE:

NAME:

DATE:

SIGNATURE:

NAME:

DATE:

SIGNATURE:

PEOPLESOFT PROJECT#: (ACCOUNTING DEPT. ONLY)

PURCHASE ORDER NUMBER:

TYPE OF CHANGE:

PLEASE EXPLAIN IN DETAIL WHY THIS CHANGE IS NEEDED.

VENDOR / CONTRACTOR NAME:*

VENDOR / CONTRACTOR PHONE NUMBER:*

ADDITIONAL NOTES / COMMENTS:

**NOTE: SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS FORM
(I.E. QUOTE, CREDIT MEMO, ETC.)**

If you have any questions, please contact Brenda Cochran at 404-894-7405 or brenda.cochran@facilities.gatech.edu