MEMO

BUDGET CHANGE FORM

DATE:			
TO: ACCESS - Budget Office /Pur	chasing Department		
FROM: PHONE #: PHONE #:			
PAR:			
SUBJECT: Purchase Order Adjusti	ment		
Vendor Name:	P.O.	P.O. #	
Adjustment (select one):			
Total			
Budget #:	From:	To:	
Budget #:	From:	To:	
Budget #			
From:	To:		
From:	To:		
Other			
D.			
Reason:			
Submit to Budget Office for revie attached).			
Reviewed by:	Date:	Budget Office Use Only	
Approved by:			