COLORADO DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
PURCHASE ORDER CHANGE ORDER AUTHORIZATION FORM

Form is not complete unless accurate, all signatures obtained, and required documentation attached.

Requested by:	Work Unit:	Phone:
Dated Requested:	Date Needed:	Fax Number:
Requested Vendor:	Vendor FEIN:	Vendor Phone:
Vendor Address:		PO NO.:

Reason for Item(s) or Service Change (Please be specific):

Qty	Unit	Complete Description	Item #	Unit Price	Total
					$
				TOTAL:	$

Purchase Order Totals:

Current Purchase Order Amount:	
Increase/Decrease Amount:	
New Purchase Order Amount:	

Approvals:

Authorized Signature:	Date:
Authorized Signature:	Date:
OSA Delegate (if required):	Date:

Requestor Checklist (Form will not be accepted by Accounting/Purchasing and Contracts without being completed, all signatures obtained, and required documentation attached.) **PLEASE CHECK ALL THAT APPLIES:**

Vendor Quote w/in 30 days: ____	Scope of Work Attached: _____	Product Picture attached: ____
Personal Services Cert: ____	Cost Analysis: ____	Business Case: ____

PLEASE NOTE PROCESSING TIMES AND PLAN ACCORDINGLY, Accounting: 5 BUSINESS days from receipt; Purchasing and Contracts: 5-7 BUSINESS days from receipt.

CORE Coding:

LINE	FUND	DEPT	UNIT	APR UNIT	OBJT	ACT CODE	LOC	PROG CODE	AMOUNT	% S/F

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DMVA Accounting Approval Date