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	r Item(s) o	Service	Change ((Please b	e 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 <u>ALL</u> 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

DMVA Accounting Approval	Date	