



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

Purchasing & Contract Administration

CHANGE REQUISITION OR PURCHASE ORDER REQUEST

University Hall 180
Phone: (818) 677-2301
Fax: (818) 677-6544
Mail Code: 8231
Email: purch@csun.edu

REQ ID _____ PO ID _____ VENDOR NAME _____

DEPT ID _____ DEPT NAME _____ REQUESTOR _____ EXT _____ EMAIL _____

CHANGE REQUISITION

CLOSE REQUISITION

CHANGE PURCHASE ORDER

CLOSE PURCHASE ORDER

ADD LINE ITEM

CHANGE LINE ITEM

CANCEL LINE ITEM

LINE # _____ QTY _____ UNIT OF MEASURE (UOM) _____ UOM PRICE (EACH/LOT) \$ _____ TOTAL AMOUNT \$ _____

DESCRIPTION _____

CHARTFIELD ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

FROM CURRENT CHARTFIELD TO ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

INCREASE LINE AMOUNT FROM \$ _____ TO \$ _____

DECREASE LINE AMOUNT FROM \$ _____ TO \$ _____

ADD LINE ITEM

CHANGE LINE ITEM

CANCEL LINE ITEM

LINE # _____ QTY _____ UNIT OF MEASURE (UOM) _____ UOM PRICE (EACH/LOT) \$ _____ TOTAL AMOUNT \$ _____

DESCRIPTION _____

CHARTFIELD ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

FROM CURRENT CHARTFIELD TO ACCT _____ FUND _____ DEPT ID _____ PROGRAM _____ CLASS _____ PROJECT _____

INCREASE LINE AMOUNT FROM \$ _____ TO \$ _____

DECREASE LINE AMOUNT FROM \$ _____ TO \$ _____

SPECIAL INSTRUCTIONS/NOTES: _____

An Authorized Signature Form must be on file in order to process this request.

FINANCIAL APPROVER: _____ PRINT NAME: _____ DATE: _____

PURCHASING & CONTRACT ADMINISTRATION USE ONLY

APPROVED: _____ The requested change will be processed.

NOT APPROVED: _____ The requested change cannot be processed for the following reason(s): _____

PROCESSED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____