



Purchase Order & PO Change Order Request

Scan form, documentation and approval to ASBC-Purchasing@usf.edu

For all Requests – Attach Quotes *Accountable Officer or Designee Approval Required

Requester & Department:

Phone:

Check box for PO Change Request:

PO# to Change:

Attach Supporting Documentation

Continue to Description

Vendor Information:

Vendor Name:

Address:

City:

State:

Zip Code:

Vendor Contact Name:

Email:

Vendor Phone:

Description of Purchase or Justification of PO Change Order: (Be specific, but brief)

Chartfield to be Charged: *If requesting a PO Change Order, only enter if change to existing PO chartfield.*

Operating Unit:	
Fund:	
Department:	
Product:	
Initiative:	
Project:	
TOTAL AMT of Purchase	

Purchaser's Name:

_____ **Date:** _____

Accountable Officer or Supervisor Signature:

**Approval via email is acceptable*

_____ **Date:** _____

By Submitting this request I certify the purchase of this expense fully supports my department and USF's Mission.

If Applicable

Work Order #:

Space Impact #:

----- Do not write below line - Office use Only -----

REQ	PO	Internal Billing
Acct.Code:	PO#:	Invoice Received:
Date:	Receipt#:	Invoice sent for approval:
Amount:	Preparer Signature:	Invoice sent to A/P: