



**Bishop Hall-BI-28
 1300 Elmwood Avenue
 Buffalo, NY 14222
 716-878-4144**

Purchasing Change Form

Vendor Name:
Address:

Date: _____

Open P.O./Voucher	Type of change:	Closed P.O./Voucher
<p>Complete Cancellation Partial Cancellation Change in Amount Encumbrance Transfer</p>		<p>Project Task Award Expenditure Type Organization</p>

Explanation:

Change in vendor
 Vendor unable to supply goods/services
 Clerical error in encumbrance
 Other (explain)

Project # _____ **Task** _____ **Award** _____

New Vendor Name/Address:

Expenditure Type _____ **Organization** _____

P.O./Voucher # _____ **P.O./Voucher Date** _____

Amount of Change _____

Adjusted Amount _____

New PTAE0 Code _____

Authorized Signature