

**St. Lucie Public Schools  
Purchasing Department  
Purchase Order Adjustment Form**

Purchasing Use Only
Completion Date _____
By: _____

**Vendor Name** \_\_\_\_\_ **Purchase Order #** \_\_\_\_\_ **C/O#** \_\_\_\_\_  
One per form

- |   |   |
|---|---|
| <input type="checkbox"/> Change Accounting (Cost Strip) Distribution<br><input type="checkbox"/> Add additional item(s)<br><input type="checkbox"/> Increase existing item(s)<br><input type="checkbox"/> Decrease existing item(s) | <input type="checkbox"/> Cancel Purchase Order<br>Vendor notified? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Person<br>contacted _____ Date _____<br><input type="checkbox"/> Close Purchase Order - Final Liquidation of<br>Remaining Purchase Order Balance |
|---|---|

**Change Accounting (Cost Strip) Distribution:**

	Fund	Function	Object	Center	Project	Line Item
<i>Original</i>						
<i>Change</i>						

**Additional Item(s)**

Catalog/Part #	Description	Quantity	Unit \$	Extended \$
<b>Total Amt.</b>				

**Increase** *(show amount of increase only)*

Line item #	Qty	Unit \$	Extended \$
<b>Total Amt.</b>			
<b>Total Encumbered After Increase</b>			

**Decrease** *(show amount of decrease only)*

Line item #	Qty	Unit \$	Extended \$
<b>Total Amt.</b>			
<b>Total Encumbered After Decrease</b>			

Other \_\_\_\_\_

<b>Requester:</b> _____ <b>School/Department</b> _____ <b>Phone:</b> _____
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