

PO ADJUSTMENT

DATE _____

TO: SUPPLY MANAGEMENT ADMINSTRATOR

FROM: _____
UNIT'S NAME DEAN/UNIT DIRECTOR'S Name & Signature

() Approved/ () Not Approved

Subject: Adjustment of Encumbrances

Your immediate action is hereby requested to adjust the following:

P.O. NO.	VENDOR's Name	VENDOR NO.	AMOUNT	ENCUMBERED ACCOUNT

Attach a copy of the Purchase Order

1. () INCREASE () DECREASE

AMOUNT: FROM: _____ TO: _____ ADJUST Amount: _____

2. () CANCEL in its entirety.

3. () CANCEL the balance \$ _____ and consider the purchase order closed.

4. () Other: _____

JUSTIFICATION/REASON:


~~~~~ **INFORMATION TO BE COMPLETED BY BUSINESS OFFICE AFTER THIS LINE** ~~~~~

**(DO NOT USE FOR CONTRACT ADJUSTMENTS)**

Procurement Adjustment No. \_\_\_\_\_

Certifying Officer: \_\_\_\_\_ Date: \_\_\_\_\_

*Copies: Procurement/Accounting/Units*