

PURCHASE ORDER ADJUSTMENT

| DATE: Ms. G | loria Travis, RCUOG Chief | _ `Business Officer | |
|--|--------------------------------|--------------------------|---|
| FROM: | , | | |
| rkow. | UNIT DIRECTOR'S Name/Signature | | UNIT'S NAME |
| | () Approved | () Disapproved | i |
| Subject: | Adjustment of Encu | ımbrances | |
| Your immediate | e action is hereby requested | to adjust the following: | |
| PO No | | ACCOUNT No.: | |
| VENDOR Name: | | | |
| 1. () | INCREASE () | DECREASE | |
| AMO | UNT: From \$ | To \$ | ADJUST \$ |
| 2. () | CHANGE OF VENDOR | | |
| From: | See above | To: | |
| 3. () | CANCEL in its entirety. | | |
| 4. () | CANCEL the balance \$_ | | and consider the purchase order closed. |
| 5. () | Other: | | |
| JUSTIFICATION/REASON: | | | |
| | | | |
| INFORMATION TO BE COMPLETED BY BUSINESS OFFICE AFTER THIS LINE | | | |
| Procurement Adjustment No. | | | |
| Certifying Officer: Date | | | Date |

(DO NOT USE FOR CONTRACT ADJUSTMENTS)

UOG Station, Mangilao, Guam 96923 Tel. (671) 735.2925 Fax. (671) 734.3118

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