

CHANGE ORDER

CHORD.FRM

(For Delegated Purchase Order: Not valid if change + original exceeds \$800.)

VENDOR NAME, ADDRESS, PHONE & FAX	ISSUER NAME, ADDRESS, PHONE & FAX
Original P.O. Number:	Change Order Number:
Original P.O. Date:	Change Order Date:
Account Manager Signature & Date:	Executive Approval Signature & Date:
Executive approval must be obtained when the total of the change + original exceeds \$800.	

Description of Change:

The original purchase order or contract stated above is amended as detailed above, and all other terms and conditions of the original are unchanged and remain in full force and effect.

Vendor Approval Title, Name, Signature, & Date:
