

## **PO Adjustment Form**

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Purchase Order #: Vendor Name:				[	Date Rece	vived by Administrative Services		
Requestor Name:								
Requestor Signature:		Date: _						
		Division/	Departr	nent	<u>_</u>			
			uctions			- ·		
This form is used for the purchase order. Please purchase orders. <b>Note</b>	see the LPC Adm	inistrative Se	rvices	vebsite belo	w for mor			
<ol> <li>Enter all highlighte amount as a positive</li> <li>Sign this form.</li> <li>Submit this complete</li> <li>Once you have obt Administrative Serve</li> </ol>	ve or negative nur ted form to your i ained up to VP (or	nber. immediate su r President) si	pervisc ignatur	r. e approval, s		quested PO adjustment s form to the		
	<u>http://la</u>	aspositascolle	ege.edu	/adminservi	<u>ces/</u>			
	FOAP to be C	harged			+/-	Amount		
-			-					
FUND	ORG	ACCOUNT		PROGRAM				
-			-					
FUND	ORG	ACCOUNT		PROGRAM				
Requestor (print name)		Date	Dear	(signature)		Date		
Coordinator/Manager (signature)		Date	Vice	President (sigi	nature)	Date		
	OFFICE OF	ADMINISTRAT	IVE SER		NLY			
Reviewed:		rified:			Approved			
Administrative Services Budget Transfer:		Administrative Services Officer VP, Administrative Services Emailed to Purchasing:						