



2323 N. Broadway, Room 109, Santa Ana, California 92706-1640
Purchasing Services • Phone (714) 480-7370 • Email: Purchasing@rscgd.edu

Change Order Request Form

Purchase Order Number: _____ **Vendor Name:** _____
(Full Name Required)

Requestor Name: _____ **Date:** _____

Manager Approval (Signature): _____ **Date:** _____

Printed Name: _____

Fields to change (Select all that apply):

Price _____ (Initial here to confirm the account was checked and is fully funded for the change)

Quantity Description Account

Sales Tax Vendor Information Terms Other: _____

Explain why this change is necessary (must be entered on this form):

Provide detailed description of the requested change to the Purchase Order:

Instructions: To request a change order, complete **all** sections of this form including obtaining signature from the department manager. Signature may be obtained digitally or the form may be printed, signed manually and scanned for submittal. Do not submit this form in hard copy format, it must be submitted electronically to Purchasing Services staff directly or to the general Purchasing inbox, Purchasing@rscgd.edu.