



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

## Change Order Request Form

**Purchase Order Number:** Sample Only      **Vendor Name:** Cambridge West Partnership  
(Full Name Required)

**Requestor Name:** First and Last Name      **Date:** MM/DD/YY

**Manager Approval (Signature):** \_\_\_\_\_      **Date:** MM/DD/YY

**Printed Name:** First and Last Name

Fields to change (Select all that apply):

Price XX (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):

The agreement was amended to extend the term and increase the total agreement dollar amount. Executed Amendment #1 attached.

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

Update the end date of the term in the description to MM/DD/YY and increase the total dollar amount by \$500.

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@rscdd.edu](mailto:Purchasing@rscdd.edu).