PO ADJUSTMENT

(FORM PROC-05) (rev. 5.21.2018)



DATE:

FROM:

TO:

Consolidated Procurement Office

UNIT'S NAME

Administration and Finance

Subject: Adjustment of Encumbrances

() Approved

Copies: Procurement/Accounting/Units

Your immediate action is hereby requested to adjust the following:

Supply Management Administrator

DEAN/UNIT DIRECTOR'S Name/Signature

P.O. NO.	VENDOR's Name	VENDOR NO.	AMOUNT	ENCUMBERED ACCOUNT						
Must attach a copy of the Purchase Order										

() Disapproved

1.	()	INCREASE ()	DECREASE	
	AMO	UNT: FROM:	_ TO:		ADJUST Amount:
2.	()	CANCEL in its entirety.			
3.	()	CANCEL the balance \$			and consider the purchase order closed.
4.	()	Other:			
JUSTI	FICATIO	N/REASON:			
					······································
~	~~~~ <u>IN</u>	FORMATION TO BE COM	PLET	ED BY BUSIN	IESS OFFICE AFTER THIS LINE
Procur	ement Ac	ljustment No			
Certifying Officer:				Date	

(DO NOT USE FOR CONTRACT ADJUSTMENTS)