



PURCHASE ORDER INCREASE REQUEST

PLEASE PRINT CLEARLY!

PO#	Date of Increase	Reason for Increase	Original PO Amount	Amount to Increase	Total Cost

Name & Address of Vendor

- *For Shipping: Please contact the company for exact figure.*

Phone #: _____

BUDGET CODE:

Fax #: _____

Requestor's Signature: _____

Administrative Signature: _____