

## UITS PO CANCELLATION/AMENDMENT FORM

**TODAY'S DATE:** \_\_\_\_\_

**PERSON REQUESTING CHANGE:** \_\_\_\_\_

**PURCHASE ORDER NUMBER:** \_\_\_\_\_

**VENDOR:** \_\_\_\_\_

**DESCRIPTION OF GOODS/SERVICES:** \_\_\_\_\_

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**EFFECTIVE CANCELLATION DATE:** \_\_\_\_\_

Please indicate the reason this PO should be cancelled /Amended.

Director's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Date received in Business Office: \_\_\_\_\_