



Judith T. Won Pat Ed.D.
Acting, Superintendent of Education

DEPARTMENT OF EDUCATION
OFFICE OF SUPPLY MANAGEMENT

www.gdoe.net/procurement
501 Mariner Avenue
B-Building, Suite 116
Barrigada, Guam 96913
Telephone: (671) 475-0438
Email: procurement@gdoe.net



CARMEN T. CHARFAUROS
Supply Management Administrator

Purchase Order Modification Request Form

Requestor:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
Division / School:	<input style="width: 98%;" type="text"/>		
Phone:	<input style="width: 30%;" type="text"/>	Email:	<input style="width: 60%;" type="text"/>
Division Head / Principal / Project Manager:	<input style="width: 98%;" type="text"/>		
Print Name & Signature (Must have authority on the account)			
<input style="width: 250px; height: 30px;" type="text"/>	<input style="width: 580px; height: 30px;" type="text"/>		
Purchase Order Number	Account Number		
<input style="width: 250px; height: 30px;" type="text"/>	<input style="width: 580px; height: 30px;" type="text"/>		
Vendor Number	Vendor Name		
Original Ordered Amount: \$ <input style="width: 150px;" type="text"/>		Liquidated: \$ <input style="width: 150px;" type="text"/>	Open: \$ <input style="width: 150px;" type="text"/>
ACTION REQUIRED: (Please Choose)			
<input type="checkbox"/> Close:			
<input type="checkbox"/> Price Adjustment:			
<input type="checkbox"/> Amend Line Description:			
<input type="checkbox"/> Increase:			
<input type="checkbox"/> Decrease:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Change Vendor:		From:	
		To:	
<input type="checkbox"/> Change Account No. *Required Org. Obj. Project:		From:	
		To:	
Remarks:			

Revised Ordered Amount: \$ **Liquidated: \$** **Open/Cancelled: \$**

APPROVALS

APPROVED / /DISAPPROVED / /
NOT APPLICABLE / /

Authorized signature for program compliance
(Print and Signature)

Date

APPROVED / /DISAPPROVED / /

Certifying Officer (Print & Signature)

Date

APPROVED / /DISAPPROVED / /

Supply Management Administrator (Print & Signature)

Date

☐ Attached Form to MUNIS

☐ Reprint PO

☐ Send Revised PO to Vendor