



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

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



CARMEN T. CHARFAUROS
Supply Management Administrator

Purchase Order Modification Request Form

| | | |
|---|----------------|----------|
| Requestor: | Date: | |
| Division / School: | | |
| Phone: | Email: | |
| Division Head / Principal / Project Manager: Print Name & Signature (Must have authority on the account) | | |
| Purchase Order Number | Account Number | |
| Vendor Number | Vendor Name | |
| Original Ordered Amount: \$ | Liquidated: \$ | Open: \$ |
| 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