

SEE INSTRUCTIONS IN USER PROCEDURE MANUAL

AC 902 (Rev. 5/00)

**STATE OF
NEW YORK**

PURCHASE ORDER CHANGE NOTICE

| | | | | | |
|--------------------|---------------------------------|----------|---------------------------------------|---------------------|--------------|
| Orig. Agency Code | Date (MM) (DD) (YY) / / | | Contract No. | Commodity Group No. | Document No. |
| Originating Agency | | | Shown on All Bills and Correspondence | | |
| Vendor | | | Revised Total Encumbrance | | |
| Item No. | Description of Material/Service | Quantity | Unit | Price | Amount |
| | | | | | |

Reason For Change

| PO Number | Line | Act | Amount | COST CENTER CODE | | | | Obj |
|-----------|------|-----|--------|------------------|------------------|-----|----|-----|
| | | | | Dept | Cost Center Unit | Var | Yr | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Signature

Agency Telephone Number

VENDOR

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|-----------|------|-----|--------|------------------|------------------|-----|----|-----|
| | | | | Dept | Cost Center Unit | Var | Yr | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Signature

OSC

Agency Telephone Number

Check if continuation form is attached

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Reason For Change

| PO Number | Line | Act | Amount | COST CENTER CODE | | | | Obj |
|-----------|------|-----|--------|------------------|------------------|-----|----|-----|
| | | | | Dept | Cost Center Unit | Var | Yr | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Signature

Agency Telephone Number

OGS-STANDARDS & PURCHASE

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| | | | | | |

Reason For Change

| PO Number | Line | Act | Amount | COST CENTER CODE | | | | Obj |
|-----------|------|-----|--------|------------------|------------------|-----|----|-----|
| | | | | Dept | Cost Center Unit | Var | Yr | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Signature

Agency Telephone Number

AGENCY-PURCHASING UNIT

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| Item No. | Description of Material/Service | Quantity | Unit | Price | Amount |
| | | | | | |

Reason For Change

| PO Number | Line | Act | Amount | COST CENTER CODE | | | | Obj |
|-----------|------|-----|--------|------------------|------------------|-----|----|-----|
| | | | | Dept | Cost Center Unit | Var | Yr | |
| | | | | | | | | |
| | | | | | | | | |

Authorized Signature

Agency Telephone Number

AGENCY-DELIVERY