



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.
Superintendent of Education

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"/>		
<small>Print Name & Signature (Must have authority on the account)</small>			
<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>
Purchase Order Number	Account Number		
<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>	<input style="width:25%;" type="text"/>
Vendor Number	Vendor Name		

Original Ordered Amount: \$ <input style="width:15%;" type="text"/>	Liquidated: \$ <input style="width:15%;" type="text"/>	Open: \$ <input style="width:15%;" 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: \$ <input style="width:15%;" type="text"/>	Liquidated: \$ <input style="width:15%;" type="text"/>	Open/Cancelled: \$ <input style="width:15%;" type="text"/>
---	---	---

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