

Government Of The United States Virgin Islands
DEPARTMENT OF EDUCATION

1834 Kongens Gade, St. Thomas, VI 00802-6746
 2133 Hospital Street, Christiansted, St. Croix, VI 00820

Send PDF copy of request to the Procurement Division at procurement@sttj.k12.vi

PURCHASE ORDER MODIFICATION (Form AR11)		
PM Name:	PA Name:	PD Name:
Request Date:	Review Date:	Approve Date:
PM signature:	PA signature:	PD signature:
PM: Program Manager	PA: Procurement Analyst	PD: Procurement Director
Purchase Order Number		
Purchase Order Date		
Purchase Order Amount		
Vendor Name		
Program Name		
Project Code (s)		
Org. Number (s)		
Amount to Modify	\$	
Modification Effective Date		
Reason(s) for modifying the order (Select one option below)		
Modify this purchase order as follows:	<input type="checkbox"/>	Vendor Invoice Less Than Originally Quoted (Ref. to PO)
	<input type="checkbox"/>	Vendor is unable to fulfill the Purchase Order (PO): (1) Discontinued items (2) Within the agreed period (45 days)
	<input type="checkbox"/>	Requisition entered incorrectly
	<input type="checkbox"/>	OTHER: Please briefly explain
Purchase Order Cancellation Reason:		
Supporting Document: Copy of the written notification of modification/cancellation that was sent to the vendor clearly indicating the line item (s) that will be changed, explaining the reason of change and the effective date of change. (MUST BE ATTACHED TO THE PO MODIFICATION) This notification can be in form of e-mail sent to the vendor or a letter with the vendor signature acknowledges receipt of the notice.		
To Be Completed by BCA		
Completed By:	Dated Completed:	