

RI-FANS CHANGE ORDER FORM

EMAIL CHANGE ORDERS TO: doa.purchangeorders@purchasing.ri.gov

Please refer to your Purchase Order or RIFANS for the information requested

 Supplier Name Changes Cancellations to Blanket/Contract Purchase Agreements and Standard Purchase Orders. Line item changes, date changes and agreed amount changes to Blanket/Contract Purchase Agreements.
 Adding a line item or increasing a quantity on a Standard Purchase Order over \$5000.00. (A change order requisition should be created and submitted for this type of change). Releases (Blanket/Contract) Should be processed as an electronic change order through RIFANS.
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RED boxes indicate REQUIRED field

(ONLY 1 PURCHASE ORDER PER CHANGE ORDER FORM)

		TYPE IN HERE			
DATE		MPA NUMBER			
PURCHASE ORDER NUMBER	IRCHASE ORDER NUMBER				
BUYER NAME (as it appears on the purchase order)			ISITION		
PURCHASE ORDER END DATE	URCHASE ORDER END DATE		JMBER		
AGENCY DOC I.D. NUMBER	ENCY DOC I.D. NUMBER		R		
VENDOR NAME					
TYPE OF CHANGE ORDER	FROM			то	
SUPPLIER NAME CHANGE (include W-9 FORM and letters from companies advising of the name change)					
	CURRENT AMOUNT	THIS CH	IANGE	REVISED AMOUNT	
AGREED AMOUNT CHANGE (BLANKET/CONTRACT)					
DATE CHANGE (BLANKET/CONTRACT)	то		ТО		
OPTIONS FOR RENEWAL (If applicable)	What number option year is being exercised? (if applicable)	How man years rem (if applicab			
CANCEL ENTIRE PURCHASE ORDER (Give justification/reason below)	YES				
(Give Justilication/reason below)	1.00				

LINE-ITEM CHANGE FOR BLANKET PURCHASE AGREEMENTS:

CODES: (A) Add Line (D) Delete Line (DC) Description Change (PC) Price Change

CODE	LINE#	DESCRIPTION	PRICE FROM	PRICE TO

REASON/JUSTIFICATION: PURCHASE ORDER NUMBER: _____ CONTACT PERSON: ____ CONTACT EMAIL: _____ CONTACT PHONE: _____ **DO NOT LOCK THIS FORM** AUTHORIZED AGENT: This form, change order instructions and Trainings/RIFANS Instruction Manual can be found on the purchasing website: FOR DOA PURCHASES ONLY SECTION PROCUREMENT SPECIALIST SIGNATURE: DATE: ADMINISTRATOR OF PURCHASING SYSTEMS SIGNATURE: DATE: **DEPUTY PURCHASING AGENT** SIGNATURE: DATE: PURCHASING AGENT SIGNATURE: DATE:

DOCUMENTS: ARE ALL APPLICABLE/NECESSARY SUPPORTING DOCUMENTS ATTACHED TO THIS REQUEST?

DOA PURCHASES COMMENTS:

YES:

N/A: