## RI STATE SEALSTATE OF RHODE ISLAND

Department of Administration DIVISION OF PURCHASES

**RI-FANS CHANGE ORDER FORM**

**EMAIL CHANGE ORDERS TO:** [doa.purchangeorders@purchasing.ri.gov](mailto:doa.purchangeorders@purchasing.ri.gov)

*This form is to be used for:*

* 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.

*This form is not applicable for:*

* 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.

**(ONLY 1 PURCHASE ORDER PER CHANGE ORDER FORM)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | TYPE IN HERE |  | TYPE IN HERE |
| DATE |  | MPA NUMBER |  |
| PURCHASE ORDER NUMBER |  | SOLE SOURCE (YES/NO) |  |
| BID NUMBER |  | DELEGATED (YES/NO) |  |
| BUYER NAME  (as it appears on the purchase order) |  | GRANT (YES/NO) |  |
| AGENCY DOC I.D. NUMBER |  | GRANT/ DELEGATED  PO END DATE |  |
| SUPPLIER NAME |  | | |

**LINE ITEM CHANGE FOR BLANKET PURCHASE AGREEMENTS:**

|  |  |  |
| --- | --- | --- |
| **TYPE OF CHANGE TO BE MADE** | **FROM** | **TO** |
| SUPPLIER NAME (include W-9 FORM and letters from companies advising of the name change) | Click or tap here to enter text. | Click or tap here to enter text. |
| AGREED AMOUNT CHANGE (BLANKET/CONTRACT) |  |  |
| DATE CHANGE (BLANKET/CONTRACT) |  |  |
| CANCEL ENTIRE PURCHASE ORDER **YES**  (Standard, Blanket/Contract Purchase Agreements)  (Give justification/reason below) | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Line #** | **Description** | **Price from** | **Price to** |
|  |  | Click or tap here to enter text. |  |  |
|  |  | Click or tap here to enter text. |  |  |
|  |  | Click or tap here to enter text. |  |  |

**REASON/JUSTIFICATION:**  Click or tap here to enter text.

CONTACT PERSON:  PHONE NUMBER: 

AUTHORIZED AGENT:  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR DOA PURCHASES ONLY SECTION**

BUYER SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERDEPARTMENTAL

PROJECT MANAGER SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPUTY/PURCHASING AGENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form can be found on the purchasing website: [www.purchasing.ri.gov](http://www.purchasing.ri.gov) in the Agency Resource Center. For complete instructions on processing change orders, visit the purchasing website [www.purchasing.ri.gov](http://www.purchasing.ri.gov) Agency Resource Center/Instructions and Trainings/RIFANS Instruction Manuals.