



BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY

PURCHASE ORDER AMENDMENT FORM

***ALL FIELDS MUST BE COMPLETED**

***PURCHASE ORDER #**_____

Add A, B etc. indicating 1st or 2nd amendment. (Ex: PO # 123456A)

Requisition # (if PO # is not known)

***Amendment Description:**

***Amendment Reason:**

***Attach a copy of PO when submitting form.**

***Requestor Name**_____ ***Date**_____

***Authorized Name**_____

***Authorized Signature**_____ ***Date**_____

Purchasing Dept only:

Purchasing Agent_____ **Date**_____