

**COLORADO DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
PURCHASE ORDER CHANGE ORDER AUTHORIZATION FORM**

Form is not complete unless accurate, all signatures obtained, and required documentation attached.

Requested by:	Work Unit:	Phone:
Dated Requested:	Date Needed:	Fax Number:
Requested Vendor: Kirk's Security Systems	Vendor FEIN:	Vendor Phone:
Vendor Address:	PO NO.: 56244	

**Reason for Item(s) or Service Change (Please be specific):**

Qty	Unit	Complete Description	Item #	Unit Price	Total
2		Kirk's Gold Security System	6984	400	\$ 800
<b>TOTAL:</b>					<b>\$ 800.00</b>

**Purchase Order Totals:**

<b>Current Purchase Order Amount:</b>	\$800.00
<b>Increase/Decrease Amount:</b>	
<b>New Purchase Order Amount:</b>	

**Approvals:**

Authorized Signature:	Date:
Authorized Signature:	Date:
OSA Delegate (if required):	Date:

**Requestor Checklist** (Form will not be accepted by Accounting/Purchasing and Contracts without being completed, all signatures obtained, and required documentation attached.) **PLEASE CHECK ALL THAT APPLIES:**

Vendor Quote w/in 30 days: _____	Scope of Work Attached: _____	Product Picture attached: _____
Personal Services Cert: _____	Cost Analysis: _____	Business Case: _____

**PLEASE NOTE PROCESSING TIMES AND PLAN ACCORDINGLY**, Accounting: 5 BUSINESS days from receipt; Purchasing and Contracts: 5-7 BUSINESS days from receipt.

**CORE Coding:**

LINE	FUND	DEPT	UNIT	APR UNIT	OBJT	ACT CODE	LOC	PROG CODE	AMOUNT	% S/F

DMVA Accounting Approval \_\_\_\_\_ 04/14/2019  
Date