

# Purchasing Item Change Form-Multiple Items

Request Date: \_\_\_\_\_ Buyer Name: \_\_\_\_\_ Ext. \_\_\_\_\_

Lawson/Infor Item Number: \_\_\_\_\_

Old Vendor Name & #: \_\_\_\_\_ New Vendor Name & #: \_\_\_\_\_

Old Manuf. Name: \_\_\_\_\_ Old Manuf. #: \_\_\_\_\_

New Manuf. Name: \_\_\_\_\_ New Manuf. Item #: \_\_\_\_\_

Old UOM: \_\_\_\_\_ New UOM: \_\_\_\_\_ Conversion Factor: \_\_\_\_\_ (How many in a Box, Pack, Case, etc.)

Lawson/Infor Item Number: \_\_\_\_\_

Old Vendor Name & #: \_\_\_\_\_ New Vendor Name & #: \_\_\_\_\_

Old Manuf. Name: \_\_\_\_\_ Old Manuf. #: \_\_\_\_\_

New Manuf. Name: \_\_\_\_\_ New Manuf. Item #: \_\_\_\_\_

Old UOM: \_\_\_\_\_ New UOM: \_\_\_\_\_ Conversion Factor: \_\_\_\_\_ (How many in a Box, Pack, Case, etc.)

Lawson/Infor Item Number: \_\_\_\_\_

Old Vendor Name & #: \_\_\_\_\_ New Vendor Name & #: \_\_\_\_\_

Old Manuf. Name: \_\_\_\_\_ Old Manuf. #: \_\_\_\_\_

New Manuf. Name: \_\_\_\_\_ New Manuf. Item #: \_\_\_\_\_

Old UOM: \_\_\_\_\_ New UOM: \_\_\_\_\_ Conversion Factor: \_\_\_\_\_ (How many in a Box, Pack, Case, etc.)

Lawson/Infor Item Number: \_\_\_\_\_

Old Vendor Name & #: \_\_\_\_\_ New Vendor Name & #: \_\_\_\_\_

Old Manuf. Name: \_\_\_\_\_ Old Manuf. #: \_\_\_\_\_

New Manuf. Name: \_\_\_\_\_ New Manuf. Item #: \_\_\_\_\_

Old UOM: \_\_\_\_\_ New UOM: \_\_\_\_\_ Conversion Factor: \_\_\_\_\_ (How many in a Box, Pack, Case, etc.)

Lawson/Infor Item Number: \_\_\_\_\_

Old Vendor Name & #: \_\_\_\_\_ New Vendor Name & #: \_\_\_\_\_

Old Manuf. Name: \_\_\_\_\_ Old Manuf. #: \_\_\_\_\_

New Manuf. Name: \_\_\_\_\_ New Manuf. Item #: \_\_\_\_\_

Old UOM: \_\_\_\_\_ New UOM: \_\_\_\_\_ Conversion Factor: \_\_\_\_\_ (How many in a Box, Pack, Case, etc.)

Please return form to:

[Michele.Thomas@Stonybrookmedicine.edu](mailto:Michele.Thomas@Stonybrookmedicine.edu) or  
[Barbara.Simon@Stonybrookmedicine.edu](mailto:Barbara.Simon@Stonybrookmedicine.edu) or [Gordon.Rowe@stonybrookmedicine.edu](mailto:Gordon.Rowe@stonybrookmedicine.edu)

Form can also be faxed to ext. 4-7899