

Purchasing Item Change Form

Request Date: _____

Lawson/Infor Item Number: _____

Buyer Name: _____ Ext. _____

Old Vendor ID#: _____ Old Vendor Name: _____

New Vendor ID#: _____ New Vendor Name: _____

Old Manuf. Item #: _____ Old Manuf. Name: _____

New Manuf. Item #: _____ New Manuf. Name: _____

Old UOM: _____

New UOM: _____

Conversion Factor: _____ (How many in a Box, Pack, Case, etc.)

New Cost: _____

Please return form to:

Michele.Thomas@Stonybrookmedicine.edu

Barbara.Simon@Stonybrookmedicine.edu

Gordon.Rowe@stonybrookmedicine.edu

Form can also be faxed to ext. 4-7899