

Attachment I – UPC/PLU Change Order Form

UPC/PLU CHANGE ORDER FORM

Requestor Information

Facility	
Contact Name	
Phone Number	
Email Address	

Item Information

UPC Number (12 digit UPC-A Format)	Item Description

Item Department (See Attachment E)	Item Category (See Attachment E)

Multiplier #	Lead Time (Days)	Taxable ? Y/N	Kosher ? Y/N	Exempt ? Y/N

NEW ITEM	<input type="checkbox"/>	Justification:
CHANGE IN ITEM DESCRIPTION	<input type="checkbox"/>	
CHANGE OF KOSHER/EXEMPT	<input type="checkbox"/>	
CHANGE OF DEPARTMENT	<input type="checkbox"/>	
CHANGE OF CATEGORY	<input type="checkbox"/>	
CHANGE OF TAXABLE STATUS	<input type="checkbox"/>	

Requestor Signature:		Date:
Processor Signature:		Date: