

**CAPE PUBLIC SCHOOL DISTRICT NO 63**  
**Purchase Order Cancellation/Close Request**

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This form is to be used to initiate cancellation or closing of any purchase order for which no additional activity is expected. Form should be completed and submitted to Accounts Payable.

**Purchase Order Number:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Balance to be Closed:** \_\_\_\_\_

**Balance to be Cancelled:** \_\_\_\_\_

**If cancelling, reason for cancellation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Administrator

\_\_\_\_\_  
Date