

**PRP PURCHASE ORDER (PO) CANCELLATION REQUEST FORM  
and/or  
REQUEST FOR REPLACEMENT SITE**

**This form must be completed by the contractor to request cancellation of a Purchase Order and to remove the balance from the ATC encumbrance. Submit completed form to the PRP site manager (with supporting documentation).**

**Completion of this form does not guarantee that a replacement site will be offered to the ATC.**

Agency Term Contractor Company Name Phone Number CID #

ATC Contact Name E-mail Address

PO # PRP Reference # (TA #) Region PO Amount

Facility ID (9 digits) Site Name (as listed in PO)

Scope of Work Phase/Sub-phase

Describe reason for cancellation request and justification. Attach additional documentation as necessary. (For site access, discuss attempts made to gain site access.)

**Has any work been completed and authorized for payment under this PO?** Yes No

With submission of this request, I understand that if/when the PO is cancelled, no additional payments can be processed.

ATC Contract Manager - Sign and Date

Replacement Site Requested by ATC

Yes No

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**For FDEP Use Only**

Site Manager Approval - Sign & Date

LP/T5/T6 Manager Approval (if applicable)

Team Leader Approval - Sign & Date

PRP Contracts (Only Required If Replacement Site Requested)

Replacement Approved?

Yes

No

PRP Accounting Processed Cancellation (PO & TA)