

- Purchase Order
- Accounts Payable

# CHANGE REQUEST FORM

Send to Accounts Payable (SBS 345)

**Mar 22, 2023**  
Date Submitted


**Business Unit**

**HMCMP - Humboldt State University**

Vendor Name: US Bank  
 Voucher/Trans ID: 00199036  
 (required)

**FROM:**

Dept Name: Music Dept ID: D20027  
 Contact: Jane Doe EXT: \_\_\_\_\_

  
 Approved Delegation of Authority Signature  
**Abby Approver**  
 Print Signature

*Document Type*

Request for Payment  
 Guest Lecture/Svc Provider  
 Procard Feb 23  
 (month)

Other: \_\_\_\_\_

- Add new chartfield information
- Change existing chartfield information

**Change all information below to read as it should appear on the corrected Document**

**\*ATTACH ANY OR ALL SUPPORTING DOCUMENTATION\***

			Quantity	Unit Price	Extended Price	Tax (Y/N)				
+	-	<b>Line No.</b>								
		<b>Item Description →</b>								
		<b>Distribute By:</b>								
+	-	<b>Dist. Line</b>	<b>Percent</b>	<b>Amount</b>	<b>Account</b>	<b>Fund</b>	<b>Dept ID</b>	<b>Program</b>	<b>Class</b>	<b>Project</b>
				<b>\$165.00</b>	660003	HM500	D20027	RS064		

Other Changes and/or Additional information: Please change the dept id from D20064 to D20027

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~~**ROUTE FORM TO ACCOUNTS PAYABLE AT SBS 345 OR  
 FAX TO 826-3312 OR EMAIL ACCOUNTSPAYABLE@HUMBOLDT.EDU**~~