

- Purchase Order
- Accounts Payable

CHANGE REQUEST FORM

Send to Accounts Payable (SBS 345)

03/23/2021
Date Submitted

Business Unit

HMCMP - Humboldt State University

Vendor Name: Example.com
 Voucher/Trans ID: 12345678
(required)

FROM:		
Dept Name	Example Department	Dept ID: D80005
Contact:	Jane Doe	EXT: _____
_____ Approved Delegation of Authority Signature JANE DOE (SEE ATTACHED APPROVAL EMAIL) _____ Print Signature		

<i>Document Type</i>
<input checked="" type="radio"/> Request for Payment <input type="radio"/> Guest Lecture/Svc Provider <input type="radio"/> Procard _____ (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)				
+	-	Line No.								
		Item Description →	Example Pack of Examples							
		Distribute By:								
+	-	Dist. Line	Percent	Amount	Account	Fund	Dept ID	Program	Class	Project
		13		\$55.00	660001	HM500	D80005			

Other Changes and/or Additional information: Please change the account code from 660900 to 660001

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