**CHANGE REQUEST FORM**

Send to Accounts Payable (SBS 345)

03/23/2021

Date Submitted

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**Business Unit**

HMCMP - Humboldt State University

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

---

**FROM:**

<table>
<thead>
<tr>
<th>Dept Name</th>
<th>Example Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Jane Doe</td>
</tr>
</tbody>
</table>

Dept ID: D80005  
Ext: 

Approved Delegation of Authority Signature  
JANE DOE (SEE ATTACHED APPROVAL EMAIL)  
Print Signature

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**Document Type**

- [ ] Request for Payment  
- [ ] Guest Lecture/Svc Provider  
- [ ] Procard (month)

**Other:**

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

*ATTACH ANY OR ALL SUPPORTING DOCUMENTATION*

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<table>
<thead>
<tr>
<th>Line No.</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Extended Price</th>
<th>Tax (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Example Pack of Examples</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distribute By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dist. Line</td>
</tr>
<tr>
<td>13</td>
</tr>
</tbody>
</table>

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

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

Revised 5/11/17