BUSINESS SERVICES

PO/CHECKREQ Code Correction Form

DATE:_____

TO : Account Code	
AMOUNT:	

Vendor Number:		
Invoice Number:		Invoice Date:
Purchase Order Number:		

REASON FOR CORRECTION:

_____

_____

SENDING SECRETARY/PRINCIPAL SIGNATURE:_____

CONTACT NUMBER: _____

Please complete this form, sign and send to
Mary Martinez in the Business Office.