

ARKANSAS TECH UNIVERSITY P-CARD TRANSACTION CHANGE OR CORRECTION

Submit completed form to the Purchasing Department. IF THE CHARGE HAS ALREADY BEEN PAID, submit completed form to the Controller's Office, Administration Building Room 206.

SUPPORTING DOCUMENTATION MUST BE ATTACHED.

Date: _____

Requested By: _____
(Name of Department or Office)

Account Number & Object Code: _____

Transaction Amount: \$ _____

Change/Correct Account No. To: _____

Change/Correct Object Code To: _____

Reason for Change/Correction: _____

Change Requested By: _____
(Signature)

Approved By: _____
(Signature of Immediate Supervisor)

REQUESTS FOR CHANGES IN ACCOUNT NUMBER
MUST BE MADE **WITHIN 60 DAYS** AFTER THE
CLOSE OF THE PERTINENT BILLING CYCLE.

IF THE ABOVE CHARGE HAS ALREADY BEEN
PAID, INDICATE THE CHECK NUMBER AND
DATE OF CHECK BELOW. (SEE SCREEN 118).

FOR USE BY CONTROLLER'S OFFICE:

FOR USE BY REQUESTING DEPARTMENT:

Reviewed By:			Check Number:	
Date:			Check Date:	