

Leon County Schools Purchasing Card Account Coding Correction Request

Purchasing Department
3397 West Tharpe Street, Tallahassee, Florida 32303

Mail the completed form to the address above or email to marschkak@leonschools.net

Date of Request _____
Contact Name _____
Contact Email _____
Telephone _____

Complete this section for account code changes.

Card Name _____
User's Name _____
Transaction Date _____
Transaction Amount _____
Original Coding _____
Revised Coding _____
Comments _____

NOTE: Attach a copy of the applicable invoice and a screenshot from Skyward of the original transaction. If you need further assistance, please contact Kristin Marschka or Charlene Waltz at 850-488-1206.

FOR LCS PURCHASING DEPARTMENT USE ONLY

DATE OF JOURNAL ENTRY: _____

JOURNAL ENTRY REFERENCE NUMBER: _____

ENTERED BY: _____