

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: _____