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|  | **Leon County Schools Finance Expenditure Coding Correction Request** Finance Department2757 W Pensacola Street, Tallahassee, Florida 32304 |
| ***Mail the completed form to the address above or email to*** **General Fund:** ***chaveze@leonschools.net*** **/** **Federal Funds:** ***kellyb@leonschools.net*** |
| **Date of Request** |  |
| **Contact Name** |  |
| **Contact Email** |  |
| **Telephone** |  |
|  |  |
| **Complete this section for account code changes.** |
|  |  |  |  |  |
| **Vendor Name** |  |
| **PO Number** |  |
| **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 Emily Chavez at (850) 487-7144* |
|  |
| ***FOR LCS PURCHASING DEPARTMENT USE ONLY******DATE OF JOURNAL ENTRY****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****JOURNAL ENTRY REFERENCE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******ENTERED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
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