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|  | | | | | **Leon County Schools  Finance Expenditure Coding Correction Request**  Finance Department  2757 W Pensacola Street, Tallahassee, Florida 32304 | | | | | | | |
| ***Mail the completed form to the address above or email to***  **General Fund:** [***chaveze@leonschools.net***](mailto:chaveze@leonschools.net) **/** **Federal Funds:** ***kellyb@leonschools.net*** | | | | | | | | | | | | |
| **Date of Request** | | |  | | | | | | | | | |
| **Contact Name** | | |  | | | | | | | | | |
| **Contact Email** | | |  | | | | | | | | | |
| **Telephone** | | |  | | | | | | | | | |
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| **Complete this section for account code changes.** | | | | | | | | | | | | |
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| **Vendor Name** | | |  | | | | | | | | | |
| **PO Number** | | |  | | | | | | | | | |
| **Transaction Date** | | |  | | | | | | | | | |
| **Transaction Amount** | | |  | | | | | | | | | |
| **Original Coding** | | |  | | | | | | | | | |
| **Revised Coding** | | |  | | | | | | | | | |
| **Comments** | | |  | | | | | | | | | |
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| *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* | | | | | | | | | | | | |
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| ***FOR LCS PURCHASING DEPARTMENT USE ONLY***  ***DATE OF JOURNAL ENTRY****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***JOURNAL ENTRY REFERENCE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***ENTERED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | | | | |
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