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| **MESQUITE INDEPENDENT SCHOOL DISTRICT** |
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| PO/ CHECK REQCode Correction Form |
|  |  |  |
| **DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |
|  |   |
| **TO : Account Code** |   |
| **AMOUNT:** |   |
|  |  |
| **Vendor Number** |   |
| **Invoice Number** |   | **Invoice Date:** |
|  |  |
| REASON FOR CORRECTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SENDING SECRETARY/PRINCIPAL SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Please complete this form, sign, and forward to Mary Martinez / Business Office. *--* ***Thank You!*** |
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