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