



RECEIPT CHANGE FORM

Please Print
(All items are required)

Effective Change Date: _____

Receipt Number: _____ Attach Copy of Receipt

Submitting person: _____

Department requesting change: _____

Explain Change: _____

Requesting Department Head Approval: _____

Requires original signature
no stamps or electronic image

Signature

Date

SUBMIT ORIGINAL TO TREASURER'S OFFICE – MS EHL Y