

OLD ROCHESTER REGIONAL SCHOOL DISTRICT  
MASSACHUSETTS SCHOOL SUPERINTENDENCY UNION #55  
Marion – Mattapoisett – Rochester

BUSINESS OFFICE

INVOICE MAINTENANCE

Request for CORRECTION OF ACCOUNT ON PAID INVOICE.

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_ INVOICE # \_\_\_\_\_

PO #: \_\_\_\_\_ WARRANT # \_\_\_\_\_

AMOUNT: \_\_\_\_\_

ACCOUNT # TO BE CHARGED: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

CREDIT ACCOUNT # \_\_\_\_\_

I hereby request a CORRECTION OF VENDOR ACCOUNT as indicated above for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person Requesting Transfer

\_\_\_\_\_  
School Business Administrator

9/26/08 JE/Invoice Maintenance Number: