

**STATE OF HAWAII – DEPARTMENT OF EDUCATION
REQUEST FOR CHANGE OF ACCOUNTING CODES AND/OR AMOUNTS**

Prepared By _____ Date _____

School/Unit _____ D/O _____ Batch Org _____

Authorized Signature _____

Attached are copies of the documents/reports listed below reflecting the errors and the requested changes.

Validated Cash Receipts (CAR) Posted PO Payment (ATP) Posted Rev. Resund (ATP) Posted Direct Payment (ATP) Others					Document No.	Reference Doc No. or Others	SFX	Org ID	Prog ID	BFY	Src/ Object	Amount
				To/ Inc								
				From/ Dec								
				To/ Inc								
				From/ Dec								
				To/ Inc								
				From/ Dec								
				To/ Inc								
				From/ Dec								
				To/ Inc								
				From/ Dec								

We are requesting these changes for the following reasons:

ACCOUNTING OFFICE USE ONLY	
Approved/Disapproved _____	Date: _____
Entered By: _____	Date: _____