VOUCHER MODIFICATION REQUEST FORM

SECTION 1		
BUSINESS UNIT:		DATE:
ORIGIN CODE:	JOURNAL VOUCHER:	ORIGINAL VOUCHER #:
REASON FOR MODIFICATION:		

SECTION 2 - CHART FIELD/ACCOUNTING INFORMATION

+/-	Fund	Account	Dept.	ALI	Prog.	Grant/Proj.	Proj.	Svc. Loc.	Rept.	Agy Use	Xref	Budg.Ref.

REQUESTOR:

REQUESTOR PHONE #:

EMAIL ADDRESS:

AGENCY'S APPROVAL:

TO SUBMIT FORMS OR ASK QUESTIONS:

Mail: Ohio Shared Services
ATTN: Accounts Payable
PO Box 182880, Columbus, OH 43218-2880
Fax number: (614) 485-1039

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
Email: ohiosharedservices@ohio.gov