

# *Shasta County Office of Education*

## *Invoice Cancel or Change Request*

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1. Program – Enter the program name
2. Requested By – Enter name of staff member making request
3. Invoice Number – Enter the invoice number to CANCEL or CHANGE
4. Program Contact – Enter the person Business Services may contact with questions
5. Phone Number – Enter the telephone number of the contact person indicated
6. CANCEL Invoice – Check box if canceling an invoice
7. CHANGE Invoice – Check box if changing an invoice
8. ORIGINAL INVOICE – Enter ORIGINAL INVOICE information
  - a. If CANCEL INVOICE was checked skip step 9
9. REQUESTED CHANGE - Enter CHANGE information
10. Reason for Cancel or Change – Enter the reason for the CHANGE
11. Program Manager Signature – Obtain Program Managers approval signature
12. Retain a copy and forward the original to Business Services for processing