

Date:

Sponsor Contact Information

Sponsor #:

Award #

Project #

* Sponsor Name:

* Sponsor Contact:

* Contact Phone:

* Contact e-mail:

Update / Correction to Address Location New Address Location

Sponsor Address

Street Address:

City, State Postal:

Ordering e-mail:

Letter of Credit Update / Correction

LOC Sponsor:

LOC Info:

LOC Number:

Specialist Update / Correction

From

To

A/R Specialist

Billing Specialist

Billing Authority

Credit Analyst

Collector

SUBMIT FORM TO: ospfinancial@etal.uri.edu

S&CA signature: _____

Date

Phone

Date submitted to OSP: _____

OSP Entered into PeopleSoft: _____

Date

Initials

RETURN TO SCA