

OFFICE OF THE CONTROLLER

SPONSOR CHANGE REQUEST FOR BILLING PURPOSES

Sponsor Contac	t Information			Dat	te:	
Sponsor Contac	.c iiiioiiiiacioii					
Sponsor #:	Aw	ard #		Project #		
* Sponsor Name:						
* Sponsor Contact:						
* Contact Phone:						
* Contact e-mail:						
Update / Correction to	Address Location () N	ew Address Locati	on (
Sponsor Address			Letter of (Letter of Credit Update / Correction		
Street Address:			LOC Sponsor:			
City, State Postal:			LOC Info:			
Ordering e-mail:			LOC Number:			
Specialist Upda	te / Correction From	То				
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 Initi		Initials	Date	FIIOHE	Date Submitted to USP.	
RETURN TO SCA	Date	minais			Rev 8/15	