



KENNESAW STATE UNIVERSITY FOUNDATION, INC
WebInvoicing Add / Change Request

PROJECT INFORMATION

Person Completing Form:	Date:
Title:	Department/Program:

TYPE OF CHANGE

Add Update Delete Effective Date: ___/___/___

USER INFORMATION

User Name:	User Net ID:
Title:	Department/Program:
Project Number(s) Assigned:	Approval Rule Needed:

TYPE OF USER

Submitter Approver (circle one)
(Level 1, 2, or 3) Final Approver

If Approver: New Level of Approval Added Replacing Existing User: Replacing Whom: _____

DETAILS OF CHANGE REQUEST

**Detailed
Description
of Reason
for
Change
Request:**

AUTHORIZATION FOR CHANGE

By signing this form, you confirm that you agree that the above changes and additions are necessary for the stated department to efficiently process requests through WebInvoicing. This form serves as the understanding between the Foundation and other parties, unless referenced above to another governing agreement

Vice President, Dean or Director Signature Title Date

Printed Name of Authorized Signature

Foundation Approval Date