KENNESAW STATE UNIVERSITY FOUNDATION, INC
WebInvoicing Add / Change Request

### PROJECT INFORMATION
<table>
<thead>
<tr>
<th>Person Completing Form:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Department/Program:</td>
</tr>
</tbody>
</table>

### TYPE OF CHANGE
- Add
- Update
- Delete

Effective Date: ___ / ___ / ____

### USER INFORMATION
<table>
<thead>
<tr>
<th>User Name:</th>
<th>User Net ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Department/Program:</td>
</tr>
<tr>
<td>Project Number(s) Assigned:</td>
<td>Approval Rule Needed:</td>
</tr>
</tbody>
</table>

### 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