

PROGRAM CHANGE REQUEST

PROGRAM CHANGE REQUEST

Vendor name		
Street address		
City	State	ZIP code
Contact person		Business phone

Provide a description of the program modification for which approval is sought. *(Attach additional sheets, if needed.)*:

Reason for modification:

Authorized signature sign here 	Date
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NOTICE OF SCHEDULED TRAINING SESSION / NOTICE OF CLASS CANCELLATION

NOTICE OF SCHEDULED TRAINING SESSION

Vendor name		
Session date		Session time
Session location: Street & no.	City	County
Language		
Date of notice		

Vendor name		
Session date		Session time
Session location: Street & no.	City	County
Language		
Date of notice		

Vendor name		
Session date		Session time
Session location: Street & no.	City	County
Language		
Date of notice		

NOTICE OF CLASS CANCELLATION

Vendor name		
Session date		
Session location: Street & no.	City	County
Date cancelled	Time cancelled	
Name of person cancelling class		

	Date
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Mail completed forms to: COMPTROLLER OF PUBLIC ACCOUNTS
 P.O. Box 12010
 Austin, TX 78711-2010