

## Sponsor Change Request Form

Date of Request: \_\_\_\_\_

Requesting University: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Requestor Email: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor ID: SPSR-00000 \_\_\_\_\_

Justification for Change:

**Fill out only what must be changed in Workday.  
Leave blank to keep unchanged.**

Tax ID: \_\_\_\_\_

Sponsor Type, Select One:

- |   |   |
|---|---|
| <input type="checkbox"/> Business – Foreign                 | <input type="checkbox"/> Non-LA State Government          |
| <input type="checkbox"/> Business – US                      | <input type="checkbox"/> Nonprofit Organization - Foreign |
| <input type="checkbox"/> Foundation – Foreign               | <input type="checkbox"/> Nonprofit Organization - US      |
| <input type="checkbox"/> Foundation – Private               | <input type="checkbox"/> Private University - LA          |
| <input type="checkbox"/> Foundation – University Affiliated | <input type="checkbox"/> Private University – Non LA      |
| <input type="checkbox"/> Government – Foreign               | <input type="checkbox"/> Public University - LA           |
| <input type="checkbox"/> Internal – Non-Ofc Research        | <input type="checkbox"/> Public University – Non LA       |
| <input type="checkbox"/> Internal – Ofc Research            | <input type="checkbox"/> University/College - Foreign     |
| <input type="checkbox"/> LA Local Government                | <input type="checkbox"/> US Federal Government            |
| <input type="checkbox"/> LA State Government                |   |
| <input type="checkbox"/> Other, create: _____               |   |

Payment Terms, Select One:

- |  |                                 |                                    |
|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> 1% 10, Net 30 | <input type="checkbox"/> Net 10 | <input type="checkbox"/> Immediate |
| <input type="checkbox"/> 2% 10, Net 30 | <input type="checkbox"/> Net 30 |                                    |

Primary Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Sponsor Change Request Form

### Alternate Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Contact Information (enter address if different than primary):

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Naming Convention:

- Use two letter postal abbreviation for states (LA)
- Use US in front of US federal agencies
- These are standard abbreviations:
  - Department = Dept
  - And = &
  - Administration = Admin
  - Limited Liability Company = LLC
  - Incorporated = Inc
  - Institute = Inst
  - Association = Assoc
  - Louisiana State University = LSU
  - Do not use periods in names
  - Leave commas in names