

REQUEST FOR SUBSTITUTE FORMS APPROVAL

Company Logo	Date Submitted:	Date Returned:

Please check one: <input type="checkbox"/> Stand Alone Application <input type="checkbox"/> Web Based Application <input type="checkbox"/> Both <input type="checkbox"/> Forms Only	Please check one: <input type="checkbox"/> Original <input type="checkbox"/> Resubmit
The following forms are submitted for approval as a substitute form to be used in lieu of the official state form. List each form separately below.	

State Form Number	Internal Vendor No. (if applicable)	Form Name and Page Number (if required)	Approved as submitted	Approved with Corrections	Not Approved (Correct and Resubmit)	Resubmit With Corrections by:		
						FAX	E-mail	Mail
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								

Reviewer Information	Signature: _____ Title: _____ Date: _____
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