

Request for Payroll Correction

This form should be completed and sent to Accounting Services, G3 Parker Hall, when corrections are needed to payroll expenses that were recorded more than two accounting periods (months) prior to the request date.

Reference: Business Policy 213-Adjustment of Income & Expense Items

(Note: Contact the Office of Sponsored Programs for the procedures and forms required for Payroll correction on grant activity.)

Date: _____ Form Completed By: _____ Phone: _____

Reason For Transfer: (if more space is needed, please attach additional sheets)

Transfer Information and Approvals:

Employee Name: _____ EmpID: _____

Pay End Date: _____ Amount to be transferred: _____

If more than one payroll needs to be transferred, please attach a list providing the Pay End date(s) and the amount to be transferred for each.

► Transfer Expense From:

Chartfield Name: _____

MoCode	Fund	Deptid	Program	Project	Class
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Required Approvals (Related to Chartfield Transferred From):

Department Chair or Equivalent:

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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Dean or Equivalent:

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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Dean or Equivalent:

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
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Accounting Approval: _____ **Date:** _____