

Payroll / Accounting Expense Transfer Request

To: Payroll Accountant
Payroll Supervisor
Mitchell Hall (7479)

From:

Date:

Please make the following Payroll/Accounting Expense Transfer. I understand that the Payroll Office must receive this form by the 15th of the month to have the requested adjustment appear on that month's accounting reports. I understand that this form is not for payment purposes.

Department Authorization: _____
(Signature)

Please print name: _____

Date of check to be adjusted: _____

Employee Name: _____ **Empl ID:** _____

Time: _____ @ Rate _____ = Gross \$ _____

Accounting as paid:

Pos. No.	Department	Project ID	Account	Earn Code
_____	_____	_____	_____	_____

Accounting to be corrected:

Pos. No.	Department	Project ID	Account	Earn Code
_____	_____	_____	_____	_____

Transfer Benefits YES NO

Comments: