

DEPARTMENT		DATE PREPARED
PREPARER NAME		TELEPHONE EXT.
PROCESS CYCLE	PROCESS END	



PAYROLL/PERSONNEL
**PAYROLL EXPENDITURE
 SINGLE TRANSFER**
 UPAY 646-6 (R2/98)

REASON CODES (RC) (Enter Reason Code Below). The services were not originally charged to this account for the following reasons:

A: Late receipt of information that services were performed under the index/fund being charged. One-time expenditure adjustment : employee is not expected to perform services again under this index/funds.

B: Late receipt of information that services were performed under the index/fund being charged. Employee is expected to perform services again under this index/fund.

C: Other or Federal Fund Transfer. Requires detailed explanation below.

EMPLOYEE ID (PPP5302)	EMPLOYEE NAME	PPP5302			R C	PAY PERIOD END	HOURS / % TO TRANSFER
		ET MO	ET PG	ET LN			

TRANSFER FROM (CREDIT)			TRANSFER TO (DEBIT)			ORIGINAL GROSS EARNINGS	S	ORIGINAL BENEFITS	S	TRANSFER GROSS EARNINGS	S	OVERRIDE EMPLOYEE ID (EDB)
INDEX	FUND	SUB	INDEX	FUND	SUB							
						0		0		0		

EMPLOYEE ID (PPP5302)	EMPLOYEE NAME	PPP5302			R C	PAY PERIOD END	HOURS / % TO TRANSFER
		ET MO	ET PG	ET LN			

TRANSFER FROM (CREDIT)			TRANSFER TO (DEBIT)			ORIGINAL GROSS EARNINGS	S	ORIGINAL BENEFITS	S	TRANSFER GROSS EARNINGS	S	OVERRIDE EMPLOYEE ID (EDB)
INDEX	FUND	SUB	INDEX	FUND	SUB							
						0		0		0		

EMPLOYEE ID (PPP5302)	EMPLOYEE NAME	PPP5302			R C	PAY PERIOD END	HOURS / % TO TRANSFER
		ET MO	ET PG	ET LN			

TRANSFER FROM (CREDIT)			TRANSFER TO (DEBIT)			ORIGINAL GROSS EARNINGS	S	ORIGINAL BENEFITS	S	TRANSFER GROSS EARNINGS	S	OVERRIDE EMPLOYEE ID (EDB)
INDEX	FUND	SUB	INDEX	FUND	SUB							
						0		0		0		

REASON FOR TRANSFER:

Accounting Office Signature

Departmental Certification and Approval

I certify that the above listed adjustments are proper and correct charges and/or credits to the index/funds indicated and in accordance with University policy and agreements set forth in the fund sources involved. (Departmental payroll and time records have been corrected to support and justify the above adjustments including those necessary to support Federal contracts and grants reporting requirements.)

Department Name	PRIN INVEST / DEPT CHAIR	Date	Tel. Ext.