

DEPARTMENT		TELEPHONE EXT.
PROCESS IN	ACCOUNTING OFFICE REV.	CAMPUS



**PAYROLL/PERSONNEL
PAYROLL EXPENDITURE
SINGLE TRANSFER
UPAY773 (R7/94)**

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 account being charged. One-time expenditure adjustment: employee is not expected to perform services again under this account. Form UPAY 560 (PAF) is not required.
- B. Late receipt of information that services were performed under the account being charged. Employee is expected to perform services again under this account.
- C. Other. Explain below.

EMPLOYEE ID (PPP5302)	TRAN CODE 10 11	PPP5302					TRANSFER FROM (CREDIT)					ORIGINAL GROSS EARNINGS			ORIGINAL BENEFITS		PAY PERIOD END (MM/DD/YY)			
		ET MO	ET PG	ET LN	20	21	22	LOC	ACCOUNT	COST CENTER	FUND	PROJECT	SUB	23	29	S		30	31	37
1	9																			
	TS																			

EMPLOYEE NAME	TRANSFER TO (DEBIT)										TRANSFER GROSS EARNINGS			R C	HOURS % TO TRANSFER	OVERRIDE EMPLOYEE ID (EDB)
	LOC	ACCOUNT	COST CENTER	FUND	PROJECT	SUB	62	68	S	69	70	71	79			
	39	40	45	46	49	50	54	55	60	61	62					

EMPLOYEE ID (PPP5302)	TRAN CODE 10 11	PPP5302					TRANSFER FROM (CREDIT)					ORIGINAL GROSS EARNINGS			ORIGINAL BENEFITS		PAY PERIOD END (MM/DD/YY)			
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	39	40	45	46	49	50	54	55	60	61	62					

OTHER EXPLANATORY INFORMATION

RETN: ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS
OTHER COPIES: 0-5 YRS

DEPARTMENTAL	FED. CONTRACT AND GRANT	* REASON CODE A
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.	Approval signatures must be Principal Investigator, Department Chairperson or other academic official.	Individuals authorized to sign Form UPAY 560 (PAF) must also sign this form.
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
For Accounting Office Review and Approval	SIGNATURE _____	TITLE _____ DATE _____