

Account Correction Form

Southern Illinois University Carbondale

| For Processing Unit Only | |
|--------------------------|----------------------|
| Processed By: | <input type="text"/> |
| Processed Date: | <input type="text"/> |
| Reference #: | <input type="text"/> |

Reason for Correction

REQUIRED - Please attach a legible copy of the following with the original transaction highlighted, underlined or circled. Forms received without the proper signatures and attachments will not be processed:

For Accounts Payable, P-Card, Bursar Deposit and Service Department Billing Corrections - attach the Funds Available Report of Transactions. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to acctserv@siu.edu. See below for forms involving grant accounts.

For Payroll Corrections - attach the Fiscal Officer Certification Report. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to hrpayroll@siu.edu. See below for forms involving grant accounts.

NOTE for Payroll Corrections: If this transaction involves a change in costing/costing distribution, a costing form is required.

Change the original transaction to the following:

(does not need to be the entire amount, only the portion that needs adjusted)

| | | | | | |
|----------------|-------------------------------|-------------------------------|----------|----|--------------------------------|
| Budget Purpose | Dept Act 1 (if applicable) | Dept Act 2 (if applicable) | Obj Code | FY | <input type="text"/> Amount |
| Budget Purpose | Dept Act 1 (if applicable) | Dept Act 2 (if applicable) | Obj Code | FY | <input type="text"/> Amount |
| Budget Purpose | Dept Act 1 (if applicable) | Dept Act 2 (if applicable) | Obj Code | FY | <input type="text"/> Amount |

| | | |
|-------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Correction Requested By | Phone Number | E-mail |

Fiscal Officer Signature(s) of account(s) being charged:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fiscal Officer | Date | Fiscal Officer | Date |
| <input type="text"/> | <input type="text"/> | | |
| Fiscal Officer | Date | | |

If Grant Accounts are involved, approval must be obtained from the appropriate Grant Assignee. Complete and e-mail this form with attachment(s) to the appropriate [Grant Assignee](#). If approved, OSPA will route to the appropriate area for further processing.

| | | | |
|----------------|----------------------|------|----------------------|
| Grant Assignee | <input type="text"/> | Date | <input type="text"/> |
|----------------|----------------------|------|----------------------|