THE . UNITA	
1	EMPLOYEE

PAYROLL/PERSONNEL PAYROLL EXPENDITURE TRANSFER UPAY646 (R7/04) R1591

Page	Campus	Department Name	Recording No. Prefix or Service No.	
of				
Date Prepared	Prepared by	Signature	Telephone Extension	

1868			
1 EMPLOYEE ID 9	PPP5302 DIST OF PAY EXP.	TRANSFER FROM (CREDIT)	EMP APPT PAY PERIOD END DESCR H ORIGINAL GROSS
		COUNT COSTCENTER FUND PROJECT	
1 2 SEQUENCE NUMBER 6 10	87 90 12 16 17 18 19 20	25 26 29 30 34 35	40 41 84 85 86 50 53 54 55 56 57 58 59 60 62 63 67 68 69 75 91 92 76 82 83
C 2 SEQUENCE NUMBER 6 10 E1	, , , , , , , , , ,		_
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1 2 SEQUENCE NUMBER 6 E2			
	EMBLOVEE NAME	HRS % OF TIME TRANSFER GROSS	TRANSFER TO (DEBIT)
	EMPLOYEE NAME	TO TRANSFER EARNINGS S LOC A 25 26 27 28	ACCOUNT COSTCENTER FUND PROJECT SUB C
1 2 SEQUENCE NUMBER 6 10			
C E3			
1 EMPLOYEE ID 9	PPP5302 DIST OF PAY EXP.	TRANSFER FROM (CREDIT)	EMP APPT PARIOD END DESCR H ORIGINAL GROSS
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1 2 SEQUENCE NUMBER 6 10	19 20 25 26 27 32 32 32 32 32 32 32 32 32 32 32 32 32	33 34 39 40 41 46 47 48	52 53 54 55 59 60 64 65 66 71 72 73 78 79
C E2			
	EMPLOYEE NAME	HRS % OF TIME TRANSFER GROSS TO TRANSFER EARNINGS S LOC A	TRANSFER TO (DEBIT) ACCOUNT COST CENTER FUND PROJECT SUB C
	LIVIFLOTEL NAME	19 25 26 27 28	ACCOUNT COSTCENTER FUND PROJECT SUB C
1 2 SEQUENCE NUMBER 6 10 E3			
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REASON CODES (Enter the appropriate Reason Code in the column provided above and explain fully on the lines provided after each Reason Code below; use a separate sheet if needed and attach it to the back of this form. For Reason Codes A and B, give reason(s) why receipt of information was late; for Reason Code C, give pertinent details).

The services were not originally charged to this account/fund for the following reason(s):

 One-time expenditure adjustment: employee is not expected to perform services again under this account/fund. (PAF not required). Explain below.

Employee is expected to perform services again under this account/fund. (Please attach copy of PAF). Explain below.

C. Other. Explain below.

DEPARTMENTAL CERTIFICATION AND APPROVAL

(For adjustments involving Federal contracts and grants, certification and approval signatures must include that of the principal investigator, department chairperson, or other academic official).

		FEDERAL CONTRACT AND GRANT Approval signatures must be Principal Investigator, Department Chairperson or other academic official.		REASON CODE A Individuals authorized to sign Form UPAY 560 (PAF) must also sign this form.	
to support Federal Contracts and Grants reporting requirements.				AUTHORITE CICLUTURE	
AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE	
DATE		DATE		DATE	
AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE	
DATE		DATE		DATE	
AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE		AUTHORIZED SIGNATURE	
DATE				DATE	
DATE		DATE		DATE	
RETN: ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS		nting Office d Approval	SIGNATURE	TITLE	DATE