



**PAYROLL/PERSONNEL  
PAYROLL EXPENDITURE TRANSFER  
UPAY646 (R6/05) R1653**

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

1	EMPLOYEE ID	9	PPP5302 DIST OF PAY EXP.	TRANSFER FROM (CREDIT)																	EMF	APPT	PAY PERIOD END			DESCR	TIME	H	PAY RATE	CYC	RAI	ORIGINAL GROSS EARNINGS	S
	ET MO	ET PG	ET LN	LOC	ACCOUNT	COST CENTER	FUND	PROJECT	SUB	REL	TYPE	DOC	TITLE CODE	MM	DD	YY	60	62	63	67	68	69	75	91	92	76	82	83					
1	2	SEQUENCE NUMBER	6	10	E1																												
1	2	SEQUENCE NUMBER	6	10	E2																												
1	2	SEQUENCE NUMBER	6	10	E3																												
				PLAN	RETIREMENT MATCHING	S	GSTR AMOUNT	S	OASDI / MED	S	DNTL / MED / OPT OPEB / BEN ADM	S	UI / GSH	S	WORK COMP / EMP SUPP PROGR	S	LIFE INS / UC-TD / GSFR	S	LEAVE BENEFITS	S	TOTAL BENEFITS	S											
				EMPLOYEE NAME	HRS % OF TIME TO TRANSFER	TRANSFER GROSS EARNINGS	S	LOC	ACCOUNT	COST CENTER	FUND	PROJECT	SUB	R	TRANSFER TO (DEBIT)																		
				19	25	26	27	28	33	34	37	38	42	43	48	49	57																

**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):

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

DEPARTMENTAL 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.	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.
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
RETN: ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS	For Accounting Office Review and Approval	SIGNATURE
	TITLE	DATE