

DEPARTMENT		TELEPHONE EXT.
PROCESS IN	ACCOUNTING OFFICE REV.	CAMPUS



**PAYROLL/PERSONNEL
PAYROLL EXPENDITURE
MASS TRANSFER
UPAY774 (R8/97) R1138**

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.

TRAN CODE 10 11	BEGIN PPP5302						END PPP5302						TRANSFER FROM (CREDIT)									
	ET MO	ET PG	ET LN	ET MO	ET PG	ET LN	LOC	ACCOUNT	COST CENTER CODE	FUND	PROJECT CODE	SUB										
	12	15	16	20	21	22	23	26	27	31	32	33	34	35	40	41	44	45	49	50	55	56
TM																						

ORIGINAL GROSS EARNINGS	S I G N	TRANSFER TO (DEBIT)										R C	
		LOC	ACCOUNT	COST CENTER CODE	FUND	PROJECT CODE	SUB						
64	72	73	74	75	80	81	84	85	89	90	95	96	104

TRAN CODE 10 11	BEGIN PPP5302						END PPP5302						TRANSFER FROM (CREDIT)									
	ET MO	ET PG	ET LN	ET MO	ET PG	ET LN	LOC	ACCOUNT	COST CENTER CODE	FUND	PROJECT CODE	SUB										
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OTHER EXPLANATORY INFORMATION

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 _____

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