

Controller's Office Expense Module Correction Request Form

	Employee/Car	dholder Name:								
Expense Report Number:										
		Expense Type:								
Original (inc	correct) Chartf	ields:								
						PC				
Amount to Move	Operating Unit	Department	Fund	Account	Class	Business Unit	Project	Activity	Cost Share	Merchant Name (if applicable)
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Correct Cha	irtiieias:					PC				
Amount to	Operating					Business			Cost	Merchant Name
Move	Unit	Department	Fund	Account	Class	Unit	Project	Activity	Share	(if applicable)
Justification	າ:									
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Requested By:							Date:			
								1		
	Departme	ental Approval:						Date:		
		Ples	ase email (correction fo	rms to GF	NACCTG@n	nailbox.sc.ed	u		
Controller's (Office Use Only	/: -=	_ _	_ 			_ .		_ _	
_]	_			
Pr	rocessed by:					J	Date:			
C	orrocting Even	inea Banart ID.								
C	nrecing Expe	nse Report ID:								