

# Transaction Correction Form Journal Entry



## CABRINI UNIVERSITY

Use this form to transfer expense from one cost center to another for non-salary transfers. i.e. invoices that were allocated to the incorrect fund org./acct.

**To be completed by Business Office**

Date: \_\_\_\_\_

Document #: \_\_\_\_\_

Document Total: \_\_\_\_\_

Type: \_\_\_\_\_ Budget Period: \_\_\_\_\_

Fund	Org	Account	Activity Code (Optional)	Debit Amount	Credit Amount
				\$	\$
			<b>Total Amount</b>		

**Reason**

Reason for transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals					
Form Preparer's Signature					
Name (printed)	Signature	Date			
Director/Dean (if required)			Business Office		
Name (printed)	Signature	Date	Name (printed)	Signature	Date