



REQUEST FOR JOURNAL ENTRY

To Controller's Office Accountant: _____ Date: _____

From: _____ Department: _____ UMC: _____ Phone: _____

Reference is Made to the Monthly Financial Report for the Month of: _____ (if transactions from multiple months are being moved, please indicate the month of each transaction in the margin or description)

Rule Codes: Journal Entry FT01 _____ Transaction Date: _____ (month you want Journal Entry processed)
 Cash Receipt CR1 _____

Controller's Office Approval: _____

| DR. INDEX | DR. ACCT. | DR. FUND | DR. ORG. | ENCUMB OR REF. NUMBER | DESCRIPTION | (F) full (P) partial | AMOUNT | CR. INDEX | CR. ACCT | CR. FUND | CR. ORG. |
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Note: If the account code begins with a 5 (revenue), record the transaction FROM the debit TO the credit.
 If the account code begins with a 7 (expense), record the transaction FROM the credit TO the debit.

TOTAL: _____

Explanation for Journal Entry Correction:

I certify the changes indicated are correct, the costs are allowable and funds are available:

Project Leader: _____

Department Head or Director: _____
 (required if over \$1,000.00 or if 60 or more days have transpired since the original transaction date)