

## **Journal Entry**

ID:	Name: Department:							
			Dep	artinent.				
Pay ID: SM Begin Y			Begin Ye	ear: Pay No:		-	Begin Date:	
			End Year:		Pay No:		End Date:	
Pos	sition	/Suffix	x No:					
	e: Do	_	to redistrik nclude OP		s			
Incorrect Labor Distribution: Note: Include entire FOAP								
Correct Labor Distribution: Note: Include entire FOAP								
Budget Authority:						Date:		
				College F	inance Use Onl	ly:		
Grant Accountant:						Date:		
			H	luman Re	sources Use Oı	nly:		
Posting Date:								
Processed By:								
Processing Date:								

HR/Revised 6/8/15 D. McMurren