Initiated By: __________________________

Department: __________________________

Date Requested: __________________________  Should be no more than 60 days from transaction date

Correct FOAP: __________________________  Include specific account code.

FOAP Originally Charged: __________________________  Attach report showing original expense charge.

Description/Vendor: __________________________

Payment Date: __________________________  Field code should be YTD.

Document Number: __________________________

P-Card/T-Card/Ghost Card Owner: __________________________

Amount: __________________________

Justification: __________________________________________

If there was an error please show how the error occurred, and if it occurred over 60 days ago, how it will be prevented in the future. Also, if the charge is moving to a restricted fund, please show how it is necessary for the project.

Project Director/PI: __________________________  Date: __________

Chair: __________________________  Date: __________

Dean: __________________________  Date: __________

Updated 09/01/17