State of New York

JOURNAL TRANSFER/REVENUE TRANSFER

ORIGINATING AGENCY CODE				BATCH NUM	BER	l 0	BATCH TYPE	NUMBER OF DOCUMENTS		BATCH AMOUNT (ABSOLUTE VALUE)		
							•			Document No.		
Originating Agency								Orig. Agency Code		Liability Date (MM) (DD) (YY)		
Expenditure								Liquidation				
	COST CENTER CODE				ACCL						5.0	
Dept	Cost Center Unit	Var	Yr	Object	Dept	Statewide	Amount	Orig Agency	PO/Contract	Line	F/P	
					GROSS TOT	AL\$		(Total of A	Absolute Amou	ints, Ignoring Signs)		
	s relate To The Follo	wing O	riginal E	Documents:			Note:	LIAL TOTAL	MINITISES () O	NI THIS DOCUMENT		
								LUSES (+) MUST EQUAL TOTAL MINUSES (-) ON THIS DOCUMENT. (+) WILL INCREASE EXPENDITURES OR DECREASE REVENUES.				
	for Adjustment	_					-MINUSES (-) WILL DECREASE					
Reason	Tor Aujustinent											
Agency Certification									OSC Review			
I certify that this expenditure adjustment is a proper charge/credit to the appropriations cited above:								1				
								Rev	riewed By	Reviewed By		
Authorized Signature Date Telephone No. Date									Date	Date		
[M:\Revproc.shr\TIM\monthenddist.WK4]									Check if continuation			

form is attached.