

The University of Oklahoma - Norman Campus - Payroll Expense Transfer Request

This form is only to be used for correcting past payroll actions. Only a Personnel Action Form is required if the pay distribution change will affect future payrolls. (updated 12/17/02)

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Employee:	EMPL ID	EMPL REC		Last Name	Fir	rst Name		MI
17								
			Paymer	nt was charged as follows:				
Account Number Check Number Payro					Check Issue D	ate	Payme	nt
CUFS Object Code			ayroll use only)	Period End Date	(Payroll use or		Amount	
one accou	ınt or a partial am	ount of an acc	ount is incorrec	ach account of split appoi t, the full payment to that n. <u>Payment should be cha</u>	account should be re-	an appoi	intment is spl the section a	it, and above.
Account Number CUFS Object Code			eck Number yroll use only)	Payroll Period End Date	Check Issue Da (Payroll use only		Paymer Amoun	
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<u> </u>					Total Payment A	Total Payment Amount:		
					•			
Justification	/ Remarks:							
Prepared By					Phone		Date	
			A	pproval Signatures				
Budget Unit:					Date:			
Dean / Director:						Date:		
Grants and Contracts:						Date:		
Provost / Vice President:						Date:		
Human Resources:						Date:		