## **REQUEST FOR CHANGE OF PAYROLL CHARGE -- JOURNAL VOUCHER**

NOTE : Prior to submitting PR-45, position must be linked and sufficient budget is available

Date:

PR-45 #:

Employee ID #

Name (Last, First, M.I.)

Transfer from (accounts previously charged):

Transfer to (accounts to be charged):

Check #	Fund	Agcy	Orgn	Pos #	Earnings Code	Gross Amount to be Transferred From	for Pay Period (Either 1st - 15th, 16th - last day of mo. or 1st - last day of mo.)
					Total:		]

Check #	Fund	Agcy	Orgn	Pos #	Earnings Code	Gross Amount to be Transferred To	for Pay Period (Either 1st - 15th, 16th - last day of mo. or 1st - last day of mo.)
					Total:		

Reason for transfer (fringe benefits will be transferred) :

Name of Dept. Contact and Mail Stop: \_\_\_\_\_

Printed Name of Authorized Signe	er
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Signature of Authorized Account Signer

Phone #:\_\_\_\_\_

PR-45 (Rev. 05/06)