

FINANCE CORRECTION REQUEST FORM

(Do not include payroll corrections)

To: University Business Services Date: _____ Approved: AES/ES _____
 Accounting University _____

Name: _____ Phone: _____ Email: _____

Dept: _____

Signature: _____

MSU OSP Approval

 Signature Date

Please make the following corrections:

Current Coding			Original doc # and date		Transaction Description	Amount	Requested Coding		
Index	Account	Activity	Doc. #	Date		Amount	Index	Account	Activity

Per Federal/State guidelines, transfers and/or corrections involving an OSP account must be supported by a full justification for said transfer and/or corrections and made within 90 days of the original charge. **Justification:**
