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):

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: 0.00

Transfer to (accounts to be charged):

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: 0.00

Reason for transfer *(fringe benefits will be transferred)*:

Name of Dept. Contact and Mail Stop: _____ Phone #:_____

Printed Name of Authorized Signer Signature of Authorized Account Signer

PR-45 (Rev. 05/06)