

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: _____

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: _____

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 _____