DEPARTMENT ERROR CORRECTION FORM

(For Non-Payroll Transactions)

	DEBIT F	UND NAME:			321	ingram Hall Au	iburn University, AL 3	6849-5161					
D	EBIT ORGANIZAT						•						
CREDIT FUND NAME: CREDIT ORGANIZATION NAME: DEPT. REQUESTING CORRECTION:							DATE Building:			TE PROCESSED:			
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							SINESS OFFICE USE ONLY!)				ODEDIT.		
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	T	BUSINES	SS OFFICE	USE ONLY									
							Prepared By Departm	nent		-	Date		
	Contracts & Grants A Reporting (if non-co			s are involved)	1		Approved by Departm	nent		-	Date		
					Date:		Other Approvals			-	Date		

BO 99-04 (Rev. 2/06-B)