

# Account Correction Form

Southern Illinois University Carbondale

For Processing Unit Only	
Processed By:	<input type="text"/>
Processed Date:	<input type="text"/>
Reference #:	<input type="text"/>

Reason for Correction

**REQUIRED - Please attach a legible copy of the following with the original transaction highlighted, underlined or circled. Forms received without the proper signatures and attachments will not be processed:**

For Accounts Payable, P-Card, Bursar Deposit and Service Department Billing Corrections - attach the Funds Available Report of Transactions. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to [acctserv@siu.edu](mailto:acctserv@siu.edu). See below for forms involving grant accounts.

For Payroll Corrections - attach the Fiscal Officer Certification Report. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to [hrpayroll@siu.edu](mailto:hrpayroll@siu.edu). See below for forms involving grant accounts.

**NOTE for Payroll Corrections: If this transaction involves a change in costing/costing distribution, a costing form is required.**

### Change the original transaction to the following:

(does not need to be the entire amount, only the portion that needs adjusted)

Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	<input type="text"/> Amount
Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	<input type="text"/> Amount
Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	<input type="text"/> Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
Correction Requested By	Phone Number	E-mail

### Fiscal Officer Signature(s) of account(s) being charged:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fiscal Officer	Date	Fiscal Officer	Date
<input type="text"/>	<input type="text"/>		
Fiscal Officer	Date		

**If Grant Accounts are involved, approval must be obtained from the appropriate Grant Assignee.** Scan and e-mail this form with attachment(s) to [gaca@siu.edu](mailto:gaca@siu.edu). If approved, OSPA will route to the appropriate area for further processing.

Grant Assignee	<input type="text"/>	Date	<input type="text"/>
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