UNIVERSITY OF MISSOURI
PAYROLL ADJUSTMENT WORKSHEET FOR RETROACTIVE ADJUSTMENTS AND EXPENSE TRANSFERS
Refer to Business Policy Manual 213: http://www.umsystem.edu/ums/departments/fa/management/business/manual/0213.shtml

Employee Name _____ ***JE #*** _____ ***JE #*** _____ ***JE #*** _____

Employee ID Number _____ ***JE #*** _____ ***JE #*** _____ ***JE #*** _____

MoCode	PS Account	BU	Fund	DeptID	Prgm	Project	Class	Gross Amount	+/-	Empl Record	Earn Code	Job Code	Pay End Date	Benefits

Debit (-) move expense to / Credit (+) move expense from

Justification for transfer:

Approvals:

Employee Name, Printed: _____ ***Employee Signature:*** _____ **Date** _____

PI Name, Printed: _____ ***PI Signature:*** _____ **Date** _____

Dept Chair Name, Printed: _____ ***Dept Chair Signature:*** _____ **Date** _____

Dean Name, Printed: _____ ***Dean Signature:*** _____ **Date** _____

An employee who has been given the department chair or dean's authority to sign for them may sign in place of the dept. chair and/or dean.
Electronic acknowledgement of review and approval will be accepted to facilitate processing (must be attached to this form).

If project funded on either line; must go to ORS- 5211 Rockhill Rd

Approved by _____ **Date** _____
(Authorized official from Office of Research Services)
EVR revision required._____ No revision necessary. _____
Emailed fiscal officer re: JE numbers and EVR revisions. _____
- OR -
If not project funded on either line; must go to Acctg Office-AC 224

Approved by _____ **Date** _____
(Authorized official from Accounting)

Revised 3/7/2008