JOURNAL VOUCHER

TO: Accounting Office
G-12 Maryland Hall

FROM: Department ______________________
Name ______________________
Extension ______________________

DATE: ____________________

Attention: __________________________

Please make the following entries:

☐ FT01-Reclass of charges or transfer of funds

Debit # (FOAPAL to be charged with expense) INDEX		Debit # Account Code	Credit # (FOAPAL charged incorrectly for expense) INDEX		Credit # Account Code	Amount	Brief explanation of reason for transfer:	Doc Reference
	+			+				
	+			+				
	+			+				
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