TC 05000

SAINT LOUIS UNIVERSITY

Office of the Controller

Finance Transaction Correction

Department: _____ **Date:** _____

Fund	Account	Activity Code (optional)	Description	Date	Transaction Reference	Debit Amount	Credit Amount
					Total		

Reason for Transaction Correction (attach additional sheet(s) if needed):

_____

_____

_____

APPROVALS

Commitment Office:

Financial Manager: _____ **Date:** _____

Department Head: _____ **Date:** _____

Controller's Office: _____ **Date:** _____

DEPARTMENT RETAINS PINK COPY, SUBMIT WHITE AND YELLOW COPIES TO COMMITMENT OFFICE.
COMMITMENT OFFICE TO FORWARD YELLOW COPY TO PURCHASING, IF APPLICABLE.