Print Form

Business and Finance Division
SAINT LOUIS UNIVERSITY

TC #

Finance Transaction Correction

Department:____________________________ Date: ________________

Fund	Account	Activity Code (optional)	Transaction Description	Trans Date	Document Code	Debit Amount	Credit Amount
					Total	$ 0	$ 0

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

APPROVALS

Commitment Office:

Financial Manager:____________________________________ Date: ____________________________________
Department Head:____________________________________ Date: ____________________________________
Controller's Office:____________________________________ Date: ____________________________________