



REQUEST FOR JOURNAL VOUCHER

Requested By	Department Name	Phone	Date
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Please make the following redistribution of funds:

* Source Type	Source Number	Budget Number	Fund Number	Object Class	Project #	Debit Amount	Credit Amount
Official GURU FORM							
* Required only when correcting previous mis-entries.						TOTAL	

EXPLANATION:

PURPOSE (Mark one of the three and obtain appropriate approval):

<input type="checkbox"/> Correction of a previous mis-entry.	<input type="checkbox"/> Redistribution by Central Office of centrally-induced charges/credits.	<input type="checkbox"/> Sharing or distribution of expenses or income and prior FN18 approvals to do so have been obtained and the sharing or distribution involves only one budget executive's area.
FO/Fasst/Central Office submittor	Central Office Submitter	FO/Fasst
Date	Date	Date

After processing by Accounting Operations, send copies to :