Expense Reclassification Form

(Used to move expenses posted to an account incorrectly) Please fill out all fields completely

	Flease IIII out all fleids completely								
		Date	Fund	Account	Object	Project	Location	Program	Total \$
*	<u>EXAMPLE</u>	7/15/2011	141	71100	429	300	00071	306	\$120.00
*	EXAMPLE TO	7/15/2011	141	71100	435	306	00000	000	\$120.00
<u>1</u>	Incorrect Account #								
	Corrected Account #								
<u>2</u>	Incorrect Account #		_						_
<u> </u>	Corrected Account #								
<u>3</u>	Incorrect Account #								
	Corrected Account #								
*	This Form cannot be used for	or budget tran	sfers and/or amen	dments					

Reason For Request (Attach Separate Sheet or State/Federal Approval if Necessary)

APPROVALS: Must Occur	Before the	Accounting	Entry Ta	kes Place
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APPROVALS: Must Occur Before the	e Accounting Entry Takes Pl	ace	
Department/Principal/Program Manager	Date	Executive Director	Date
Superintendent	Date	Finance Director	Date

Corrected Reclassified Total