

Error Correction Form

(Correction Of Error Made On a Grant/ Contract Account)

****Note this form is used for correcting any item that was erroneously encumbered/expensed on an account**

Dept: _____ Date of Request: _____

ONLY COMPLETE THOSE SECTIONS THAT PERTAIN TO YOUR CORRECTION

Section 1: Moving Salary:

Name: _____ Social Security No.: _____
 Position: _____ Assignment No.: _____

CHANGE FUNDING FROM (CURRENT FUNDING):

Project/Task-Award	Amt	From	To	
Project/Task-Award				
Project/Task-Award				
Project/Task-Award				

CHANGE FUNDING TO (NEW FUNDING):

Project/Task-Award	Amt	From	To	
Project/Task-Award				
Project/Task-Award				
Project/Task-Award				

STATE REASON FOR CHANGES: _____

Section 2: Moving Orders/Travel/Reimbursements:

P.O.#	Amount	Current Funding	New Funding	

STATE REASON FOR CHANGES: _____

PI Signature: _____ Print PI Name: _____ Date: _____

Chairperson's Signature: _____ Date: _____

(For EBO Use); PA FORM COMPLETED (X) _____ COMPLETED BY _____ DATE _____

CT/IIU COMPLETED (#) _____ COMPLETED BY _____ DATE _____