

OSPA Payroll Correcting Entry Request Form

Reference: BPM 213 Adjustment of Income & Expense Items: <http://www.umsystem.edu/ums/departments/fa/management/business/manual/0213.shtml>

This form should be completed and sent to OSPA at 202 Centennial Hall if Payroll Corrections are needed for salary and fringe that hit more than TWO accounting periods prior to request date.

Questions regarding transfer:

Is this an allowable expense on the project? Yes No

Will this transfer overspend the account? Yes No

Is this transfer being done to fully spend out the project? Yes No

Did this person work on the project? Yes No

Does the transfer change the EVR by more than 5%? Yes No

If yes, has corrected EVR been printed and signed? Yes No

Has the PAF been changed? Yes No N/A

If PCE changes the existing certified Effort Verification Report (EVR) by more than 5% please contact your OSPA for a copy of the EVR to revise.

* (If individual is not available for signatures please explain why)

Date: _____ Form Completed By: _____ Phone: _____

Name of Employee Whose Payroll is Being Transferred: _____ Empl ID: _____

Reason for Transfer: (if more space is needed please attach additional sheets) Please make sure your reason for transfer answers the following questions: **who, what, when, where, why** did it happen & **how** to ensure this won't happen again.

Chartfield Transferring From:

MoCode	Fund	DeptId	Program	Class	Project Number
_____	_____	_____	_____	_____	_____
Pay End Date		Amount		Reference JE# If Applicable	
_____		_____		_____	
Pay End Date		Amount		Reference JE# If Applicable	
_____		_____		_____	

(if more than two pay end dates are being moved you can attach a sheet listing the dates and amounts)

Chartfield Transferring To:

MoCode	Fund	DeptId	Program	Class	Project Number
_____	_____	_____	_____	_____	_____

Required Signatures:

Employee (Printed) Signature* Date

Principal Investigator (Printed) Signature Date

Department Chair or Equivalent (Printed) Signature Date

Second Principal Investigator (If applicable) Signature Date
(Required if transfer is from one PI's project to another PI's project)

Second Chair or Equivalent (If applicable) Signature Date
(Required if transfer is from one PI's project to another PI's project)

Dr. Robert W. Schwartz
Vice Provost of Academic Affairs Signature

OSPA(s) Comments & Approval – each OSPA with projects affected should approve

Will this transfer make the project have excess revenue on either account? Yes No

Is sponsor approval necessary for this transfer? Yes No

Other OSPA Comments: _____

_____ Printed	_____ Signature	_____ Date	_____ MoCode
_____ Printed	_____ Signature	_____ Date	_____ MoCode

Dr. K. Krishnamurthy
Vice Provost for Research / Designee _____
Signature _____
Date

VP for Research Comments: **Approved** **Denied**

Other Comments: _____

