



CENTRAL NEW MEXICO COMMUNITY COLLEGE
PAYROLL TRANSACTION CORRECTION FORM

Date: Phone:

Department: Location Code:

Attach copy of the Payroll Distribution Report, which shows the original charge described below. PLEASE HIGHLIGHT THE TRANSACTION.

Account Number of the original transaction:
Account Number to which the transaction is to be MOVED:
Amount of transaction to be moved:
Effective date of payroll correction:

PAYROLL CORRECTIONS REQUIRED INFORMATION:

Name of person paid: ID#:
Pay Period: From: To:

- 1. Fully explain and justify the reason this correction is necessary.
2. If the amount to be corrected is less than the full amount of original transaction, indicate how the amount was determined.
3. RESTRICTED ACCOUNTS ONLY: If the date of this request is later than 30 days following th date of the original transaction, fully explain why this request is tardy.

I certify that this is a proper and allowable correction to this account.

Submitted by Ext. Control Agent Date

RETAIN A COPY FOR DEPARTMENT FILE

BUSINESS OFFICE USE ONLY

Reviewed: Approved: Disapproved:
Reason: