Boston University
Office of the Comptroller
Payroll Department

PAYROLL ACCOUNTING ADJUSTMENT FORM

MAILCODE: _____ **PREPARED BY:** _____ **PHONE:** _____ **SIGNATURE:** _____

ORIGINAL TRANSACTION DATE (MM/DD/YY)	EMPLOYEE NAME (LAST NAME, FIRST NAME)	EMPLOYEE ID #	PAY LEVEL 2	FUND	UNIT	DEPT.	OBJECT CODE	SOURCE * see note below	DEBIT AMOUNT	CREDIT AMOUNT
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___
_ _ / _ _ / _ _		0 _ _ _ - _ _ - _ _ _ _	_ _	0	_ _ _	_ _ _	_ _ _ _	_ _ _ _ - _ _	$_____ . ___	$_____ . ___

(*) Excludes payroll accounting adjustments for source numbers ending in -5, -6, and -7. Please contact Grant & Contract Accounting at ext. 4555 for details on adjustments to these source numbers.

REASON FOR REQUEST: