REQUEST FOR JOURNAL ENTRY PROCESSING

Please fill out all information below and attach this cover sheet to applicable supporting documentation or send email to: musharedservices@missouri.edu.

Business Unit:		Requ	ıestor DeptNode	:		
Requestor:				Date	:	
Business Reason for Journal Entry:						
Debit Lines (move	expense to/reven	ue from) (*):				
MOCODE:	P	S Account:		Amount:		
MOCODE:	F	S Account:		Amount:		
Credit Lines (move	expense from /re	venue to) (*):				
MOCODE:]	PS Account:		Amount:		
MOCODE:]	PS Account:		Amount:		
Payroll Corrections	s:					
Employee Name	:			Employee ID:		
Pay End Date:		Pay End	Date:	Pay En	d Date:	
Supporting doc	cumentation attac	thed				

^{*} If additional rows are needed, please provide an Excel version of the journal lines needed.