

Carnegie Mellon Accounts Payable Redistribution

Purpose of This Form: Use this form to correct charge strings on accounts payable invoices, expense reports and Pcard transactions that have been paid.

NOTE: This form should only be utilized when performing redistributions within the same set of books.
This form should not be used for Feeder corrections.

1. Original Payment Information

Select one:

Invoices

Expense Reports

Procurement Cards

Vendor Name: _____

Invoice Number: _____

PO Number: _____

Line Number: _____

Payment Amount: \$ _____

GL / GM Transaction Date: _____

Original Charge Information: (enter credits as negative amounts)

GL Amount	Object	Funding	Function	Activity	Organization	Entity

GM Amount	Project	Task	Award	Expenditure Type(Text)	Organization(Text)

Correcting Information: (enter credits as negative amounts)

GL Amount	Object	Funding	Function	Activity	Organization	Entity

GM Amount	Project	Task	Award	Expenditure Type(Text)	Organization(Text)

2. Justification

Justification: _____

3. Initiating Department Information

Department Name: _____

Telephone: _____

Prepared By: _____

Email: _____

Signature: _____

Date: _____

4. Authorization (must be different from the requester)

Business Manager _____

Date: _____

Principal Investigator _____

Date: _____

Associate Dean _____

Date: _____

Spons. Projects Acctg _____

Date: _____

SPA Director/Controller _____

Date: _____