# Accounts Payable Redistribution Form

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transaction to more than one string, please clearly specify the amount going to each string. Credits should be entered as negative amounts on this form. To	o improved form processing,
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Single Redistribution (Grants String)		Single Redistribut	ion (GL String)	n (GL String) Mass Redistribution (GL, A			Attachment) Mass Redistribution (Grants, Attachment		
Original Invoice Information           Invoices         Expense Reports         Purchasing Carr								·ordo	
Invoice Number: PO Number:		Employee Name:       Cardholder         ER Number:       Name:         Total ER Amount:       PRC Number:							
PO Line Number:	 unt:		er:						
						Currency			
Currency:									
Invoice Line #	Distribution Line #	Distribution Amount	Project	orrect) Grants Task	String Award	Expenditure Ty	ne (	Organization Name/Number	
			New (Co	orrect) Grants :	Strina				
		Distribution Amount	Project	Task	Award	Expenditure Typ	pe C	Organization Name/Number	
GRA	ANTS								
			New (0	Correct) GL St	ring				
Genera	ll Ledger	Distribution Amount	Object Code	Funding Source	Function 7	Activity	Organization	Entity	
Business Purpose of Change:									
			Initiating De	epartment Info	ormation				
Signature of Prepa	Prepared by					ite			
Department Name						none Number			
					Up	odated by Acco	unts Payal	DIE: UZ.U1.2024	

Authorization						
Signature of Supervisor	Typed Name	Date				
Department Name	Email Address For Sponsored Funds:	Phone Number				
	roi sponsoreu runus.					
Signature of Principal Investigator	Typed Name	Date				
Signature of Associate Dean	Typed Name	Date				
Signature of Sponsored Projects Accounting	Typed Name	Date				
Signature of SPA Director/Controller	Typed Name	Date				
Authorizati	on for Transactions Less Than \$250*					
Signature of ALG Member	Typed Name	Date				
*Not required for sponsored projects, student activities, gift/restric Finance Division Use	ted account or capital purchases.					
AWD Closeout?         Yes         No         AP:           Processed by:          Date:	<ul> <li>When you are finished filling Single Redistribution (Grants S please click anywhere in this are appropriate pages for signature</li> <li>For digital signature collection, the Save to PDF option in the p</li> <li>Submit completed forms to A Payable at <u>ap-help@andrew.</u></li> </ul>	tring) Form, ea to print the e collection. please select rinter menu. Accounts				

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Single Redistribution (G	edistribution (Grants String) Single Redistribution (GL String)				Mass Redistribution (GL, Attachment)					Mass Redistribution (Grants, Attachment)				
Original Invoice Information														
<u>lı</u>	nvoices				<u>Ex</u>	pense R	eports				Pu	rchasing Card	<u>ls</u>	
Supplier Name: Employee Name: Cardholder														
Invoice Number:	voice Number: ER Number: Name:													
	PO Number: Total ER Amount: PRC Number:								r:					
PO Line Number:												t:		
Total Invoice Amount														
				_										
Currency:														
						icorrect)						<u> </u>		<b>E</b> (1)
Invoice Line #	Distribution Line	e #	Distribution A	mount	Obje	ct Code	Funding	Source	Function	Activity		Organization	1	Entity
						Correct)		-	- <b>I</b>					
		Distribution Amount Object		Code	Funding	Source	Function	n A	ctivity	Orę	Organization		Entity	
General L	.edger													
				Ne	ew (Co	orrect) G	rants Sti	ing						
		Distri	bution Amount	Project Task Award		ard	Expenditure Type		Гуре	Organization				
GRAN	TS													
Business														
Purpose of Change:														
				Initiat	ina D	epartme	nt Infor	nation						
				mud	ing D	sparine		nation						
Signature of Preparer					Prepa	red by						Date		
Department Name         Email Address         Phone Number						ber								
	Updated by Accounts Payable: 02.01.2024													
								U	puated	DY ACCO	Junt	s rayable	#. UZ	.01.2024

	Authorization	
Signature of Supervisor	Typed Name	Date
Department Name	Email Address	Phone Number
	For Sponsored Funds:	
Signature of Principal Investigator	Typed Name	Date
Signature of Associate Dean	Typed Name	Date
Signature of Sponsored Projects Accounting	Typed Name	Date
Signature of SPA Director/Controller	Typed Name	Date
Authoriza	tion for Transactions Less Than \$250*	
Signature of ALG Member *Not required for sponsored projects, student activities, gift/restr	Typed Name icted account or capital purchases.	Date
Finance Division Use           AWD Closeout?         Yes         No         AP:	When you are finished filling Single Redistribution (GL Striplease click anywhere in this are appropriate pages for signature For digital signature collection, it the Save to PDF option in the p Submit completed forms to A Payable at <u>ap-help@andrew.</u>	ing) Form, ea to print the e collection. please select rinter menu. Accounts

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	Original Invoice Information								
Invoices		se Reports	P	urchasing Cards					
Supplier Name:	Employee Name:								
Invoice Number:	ER Number:		Name:						
PO Number:	Total ER Amount:		PRC Number:						
PO Line Number:	Currency:		Total PRC Amount:						
Total Invoice Amount:	Ledger:		Currency:						
Currency:									
	Old (Incor	rect) GL String							
Object Code Fundir	ng Source Function	Activity	Organi	zation	Entity				
	New (Cor	rect) GL String							
Object Code Fundir	ng Source Function	Activity	tivity Organiza		Entity				
		ect) Grants String							
Project 1	Fask Award	Exp	penditure Type		Organization				
Business Purpose of Change:									
	Initiating Depa	rtment Information							
Signature of Preparer Prepared by									
Department Name	Email Add	dress		Phone N	umber				

Updated by Accounts Payable: 02.01.2024

Authorization						
Signature of Supervisor	Typed Name	Date				
Department Name	Email Address	Phone Number				
	For Sponsored Funds:					
Signature of Principal Investigator	Typed Name	Date				
Signature of Associate Dean	Typed Name	Date				
Signature of Sponsored Projects Accounting	Typed Name	Date				
Signature of SPA Director/Controller	Typed Name	Date				
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				ice Information				
Invoid	<u>xes</u>		Expense	e Reports		Purchasing Cards		
Supplier Name: Em			Employee Name:		Cardholder			
Invoice Number: ER			ER Number:		Name:			
PO Number:			Total ER Amount:		PRC Number:	er:		
			Currency:		Total PRC Am	ount:		
Total Invoice Amount:			Ledger:		Currency:			
Currency:								
			Old (Incorrect	t) Grants String				
Project	Task	:	Award	Expenditure	Гуре	Organization		
			New (Correct	) Grants String				
Project	Task	:	Award	Expenditure	Туре	Organization		
			New (Corre	ct) GL String	•			
Object Code	Funding S	ource	Function	Activity	Organizatio	on Entity		
Business Purpose of Change:								
			Initiating Depart	ment Information				
			initiating populi					
Signature of Preparer			Prepared b	у		Date		
Department Name			Email Addre	ess		Phone Number		
				Updat	еа ру Ассог	Ints Payable: 02.01.2024		

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