CBSHS DISBURSEMENT CORRECTION FORM

 Justification			

FROM (exactly as	shown on BSR or q									то							
Vendor Name	Jrnl ID <u>or</u> Vchr # (no APP jrnl #'s)	Jrnl/Vchr Date	FUND	PGM	ACCT	DEPT	s-CLS	PROJECT	AMOUNT	FUND	PGM	ACCT	DEPT	s-CLS	PROJECT	AMOUN'	
			TOTALO							TOTAL	_						
			TOTALS		S IN BOT	H TABLE	S MUST	BE EQUAL FO	OR THE JOURNAL	TOTAL:							
DE	REPARED BY							Da	ate				Busines	s Office Us	e Only:		
INLIANDO													Jrnl #:				
PROJECT DIRECTOR (if req'd)		_						Da	ate				Jrnl #:				
UNIT HEAD/DEPT CHAIR								Da	ate			Date:					
													Proces	ssed by:_			
VP/PROVO	OST if over 120 Days							Da	ate								