

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:		Reques	tor DeptNode:		
Requestor:				Date:	
Business Reason for Journal Entry:					
Debit Lines (mo	ve expense to/reven	ue from) (*):			
MOCODE:	-	PS Account:		Amount:	
MOCODE:	E I	PS Account:		Amount:	
Credit Lines (move expense from /revenue to) (*):					
MOCODE:		PS Account:		Amount:	
MOCODE:		PS Account:		Amount:	,
Payroll Corrections:					
Employee Na	me:		E	Employee ID:	
Pay End Date: Pay End Date: Pay End Date:					Date:
Supporting documentation attached					

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