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:	Requestor DeptNode:	
Requestor:		Date:
Business Reason for Journal Entry:		
Debit Lines (move expense	to/revenue from) (*):	
MOCODE:	PS Account:	Amount:
MOCODE:	PS Account:	Amount:
Credit Lines (move expense	from /revenue to) (*):	
MOCODE:	PS Account:	Amount:
MOCODE:	PS Account:	Amount:
Payroll Corrections:		
Employee Name:		Employee ID:
Pay End Date:	Pay End Date:	Pay End Date:
Supporting documental	tion attached	

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