



# Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## Office of the Controller Transaction Correction Form

Current FOAP:

Document Number (8-Digits)	Fund (6-Digits)	Organization (6-Digits)	Account (6-Digits)	Program (2-Digits)	Activity (Optional)	Total Amount

Correct FOAP:

Document Number (8-Digits)	Fund (6-Digits)	Organization (6-Digits)	Account (6-Digits)	Program (2-Digits)	Activity (Optional)	Total Amount

Total Amount Transferred: \_\_\_\_\_

Reason for Correction: \_\_\_\_\_

**Requestor Information:**

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Controller's Office Use Only:**

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Entered: \_\_\_\_\_

\*\*\*Please route this form along with the appropriate documentation to the Controller's Office or Interdepartmental@shsu.edu\*\*\*