

PAYROLL REDISTRIBUTION FORM

Each payroll distribution transaction is for one position number, one employee, one pay period and one earnings code type. A separate form must be submitted for each transaction.

FISCAL YEAR	EMPLOYEE ID (AFFILIATE ID)	EMPLOYEE NAME
2008		

FROM:

Position	Earnings Code	ASU Account	Pay Period End Date	Amount

TO:

Position	Earnings Code	ASU Account	Pay Period End Date	Amount
TOTAL:				\$0.00

Reason why payroll expenses are being transferred:

What corrective action will be taken to avoid this type of error in the future?

Describe why all costs transferred to new accounts are allowable, allocable and reasonable charges. Additionally, describe why costs are appropriate and necessary to the performance of the project:

Contact Name: _____ Phone: _____ Date _____

Authorized Account Signer _____ Date _____

Transactions involving Sponsored Accounts must be sent to the Office for Research and Sponsored Project Administration for prior approval at mail code 3503.

For non-sponsored transactions send your form to the following based upon your campus: Tempe and DPC-Financial Services 5812, Polytechnic-Administration & Finance mail code 0180, West-Financial & Support Services mail code 0451.

Financial Services	Date	Sponsored Approval (if required)	Date
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