Vista Unified School District

# EXPENDITURE ADJUSTMENT/CORRECTION FORM

SITE/LOCATION _____ DATE _____

CONTACT PERSON _____ EXTENSION # _____

| ACCOUNT NUMBER<br>FUND - SUB - RES - SUB - GOAL - FUNC - OBJ - SUB - SCH/LOC - PYR | AMOUNT<br>Debit | AMOUNT<br>Credit |
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| **TOTALS** (Must match) | | |

## REASON/JUSTIFICATION (*back-up must be attached*)

**A copy of the MONTHLY TRANSACTION report (or FIS TRANS screen) showing the original EXPENDITURE occurring MUST be attached. This serves as backup for the auditor that the transactions actually happened.**

_____

_____

Signatures of the Principal/Director/Project Manager for each special project and/or site must be on this form. This will be the approval for the adjustment.

SIGNATURE _____ SIGNATURE _____
Principal/Director/Project Manager Principal/Director/Project Manager

**ACCOUNTING USE ONLY**

APPROVED BY: _____ POSTING NUMBER: _____

DATE: _____ POSTED BY: ___

**ALL PREVIOUS FORMS ARE OBSOLETE**

**DISTRIBUTION**: ORIGINAL/YELLOW - Accounting PINK - Originator