

STATE OF NEW YORK

1 JOURNAL TRANSFER/REVENUE TRANSFER 1

ORIGINATING AGENCY CODE (2) BATCH NUMBER (3) 10 BATCH TYPE (4) NUMBER OF DOCUMENTS (5) BATCH AMOUNT (ABSOLUTE VALUE) (6)

Originating Agency (8) Document Number (7) Liability Date (MM) (DD) (YY) (9) / /

Expenditure/Receipt table with columns: COST CENTER CODE (Dept, Cost Center, Var, Yr), Object, ACCUM (Dept, Statewide), Amount, Orig. Agency, PO/Contract, Line, F/P. Includes handwritten entries 10, 11, 12, 13, 14, 15, 16, 17.

GROSS TOTAL \$ (18) (Total of Absolute Amounts, Ignoring Signs)

Transfers Relate To The Following Original Documents: Batch No.: (19) Doc No.: Date Processed:

NOTE: - TOTAL PLUSES (+) MUST EQUAL MINUSES (-) ON THIS DOCUMENT. - PLUSES (+) WILL INCREASE EXPENDITURES OR DECREASE REVENUES. - MINUSES (-) WILL DECREASE EXPENDITURES OR INCREASE REVENUES.

Reason for Adjustment (20)

Agency Certification: I certify that this expenditure/revenue adjustment is a proper charge/credit to the appropriations/funds cited above. (21) (22) (23)

OSC Review (24) Reviewed By Date

(25) Check if continuation form is attached