

STATE
OF
NEW YORK

JOURNAL TRANSFER/REVENUE TRANSFER
CONTINUATION WITH TAIL

ORIGINATING AGENCY CODE	BATCH NUMBER	BATCH TYPE	NUMBER OF DOCUMENTS	BATCH AMOUNT (ABSOLUTE VALUE)
	0			

Document Number

Originating Agency

Expenditure/Receipt							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date		TC	Subledger			Optional			
(MM) (DD) (YY)		(MM) (DD)		(2)	(3)			(4)			

Expenditure/Receipt							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date		TC	Subledger			Optional			
(MM) (DD) (YY)		(MM) (DD)									

Expenditure/Receipt							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date		TC	Subledger			Optional			
(MM) (DD) (YY)		(MM) (DD)									

Expenditure/Receipt							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date		TC	Subledger			Optional			
(MM) (DD) (YY)		(MM) (DD)									

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

GROSS TOTAL THIS DOCUMENT
(Total of Absolute Amounts, Ignoring Signs)

Transfers Relate To The Following Original Documents:

Batch Number _____ Voucher Number _____ Date Processed _____

Batch Number _____ Voucher Number _____ Date Processed _____

Reason for Adjustment

Agency Certification			OSC Review	
I certify that this expenditure/revenue adjustment is a proper charge/credit to the appropriations/funds cited above.			Reviewed By	Reviewed By
Authorized Signature	Telephone No.	Date	Date	Date