

University of North Dakota

JOURNAL ENTRY

REFERENCE #

**** Do not use for salary corrections on Grant/Contract Funds ****
**** Do not use for Voucher corrections ****

Transaction Date

Originating Department	Phone #	Stop#

Department Being Charged

ACCT	FUND	DEPT	PROGRM	PROJECT	DESCRIPTION	CHARGES (+)	CREDITS (-)
621325	your fund	your dept				amount	
479010	21890	2070					amount
TOTAL						0.00	0.00

SAMPLE

Department to be Credited

Certification of Goods or Services Provided <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature in ink <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date

Department to be Charged

I acknowledge receipt of the above stated goods or services and authorize payment as indicated.

Signature in ink
Date
Signature in ink
Date

For Accounting Services Use Only

Audited	G & C	Accounting Services