



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Office of the Controller Transaction Correction Form

Current FOAP

Document Number ~òr]P]š••	Fund ~òr]P]š••	Organization ~òr]P]š••	Account ~òr]P]š••	Program ~îr]P]š••	Activity ~K%š]y o•	Total Amount

Correct FOAP

		Organization ~òr]P]š••	Account ~òr]P]š••	Program ~îr]P]š••	š] À]š ~K%š]y o•	Total Amount

Total Amount Transferred: _____

Reason for Correction _____

Requestor Information

ContactName _____

*** Please route this form along with the appropriate documentation to the Controller's Office at interdepartmental@shsu.edu ***