

Cover Sheet

JOURNAL VOUCHER

This document is no longer required, we are now paperless.

Business Unit: _____

Journal Voucher Number: _____

Original Voucher Number: _____

Original ISTV Voucher Number: _____

CHANGE FROM: Fund _____ Account _____ ALI _____

Dept _____ Program _____ Grant _____

Project _____ Service Location _____ Reporting _____

Agency Use _____ Budget Reference _____

CHANGE TO: Fund _____ Account _____ ALI _____

Dept _____ Program _____ Grant _____

Project _____ Service Location _____ Reporting _____

Agency Use _____ Budget Reference _____

Contact Name _____

Telephone Number _____

Please attach a copy of the original coding lines on the Journal Voucher. This will ensure that OBM sees the original coding plus the corrected coding. YOU DO NOT HAVE TO SEND A COPY OF THE ORIGINAL VOUCHER. The Journal voucher will not be approved if supporting documentation is not attached.

NOTE: If the original voucher was auto approved, you do not have to submit anything to OBM for review and approval.