



**DREXEL UNIVERSITY Transaction Correction Form**  
**COLLEGE OF MEDICINE** Comptroller's Office-General Accounting  
 3201 Arch St., 4<sup>th</sup> Floor  
 (215) 895-0281

Accounting Use Only	
Doc. No. _____	_____
Approval _____	Date _____
Data Entry _____	Date _____

Use this form to correct transactions recorded in your cost center. Provide all of the information requested by referring to the **WEB\*FINANCE** Account Activity Detail or Document Tracking pages. If a transaction was incorrectly charged to your cost center and you don't know the correct cost center, write **UNKNOWN** on the **reason for correction** line.

**Corrections to Purchase Requisitions and Purchase Orders must be submitted to the Purchasing Office on a Change Order Form. Inquiries or corrections for service department charges must be submitted to the Service Department originating the charge. Corrections to salary accounts must be submitted via email to [HRIS@drexel.edu](mailto:HRIS@drexel.edu). Use the Effort Report to correct salaries funded by organized sponsored programs. Forms will be processed within 5 business days of receipt in the General Accounting Office.**

Corrections to research grants must be submitted to the Office of Research.

FROM Cost Center	Fund Number	Org Number	Account Number	Activity Code (optional)	Amount	Document Number	Transaction Description	Acctg. Use Seq. No.
Title								
				<b>Total</b>				
TO Cost Center					<b>Reason for Correction</b>			

**APPROVAL:**

Cost Center Administrator \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Department Name \_\_\_\_\_

Phone # \_\_\_\_\_

**\*\* You must have Cost Center authority for the Cost Center being charged (debited).**