

Expense Correction - P.O.

Date _____

You are hereby notified to make the following corrections

Menu 2-3-22

Check # _____ Vendor # _____ Amount _____

Wrong Line Item (-) _____ Correct Line Item _____

Wrong P.O. # (-) _____ Correct P.O. # _____

Check # _____ Vendor # _____ Amount _____

Wrong Line Item (-) _____ Correct Line Item _____

Wrong P.O. # (-) _____ Correct P.O. # _____

Check # _____ Vendor # _____ Amount _____

Wrong Line Item (-) _____ Correct Line Item _____

Wrong P.O. # (-) _____ Correct P.O. # _____

Check # _____ Vendor # _____ Amount _____

Wrong Line Item (-) _____ Correct Line Item _____

Wrong P.O. # (-) _____ Correct P.O. # _____

Check # _____ Vendor # _____ Amount _____

Wrong Line Item (-) _____ Correct Line Item _____

Wrong P.O. # (-) _____ Correct P.O. # _____

Department Signature _____