



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Office of the Controller Transaction Correction Form

Current FOAP:

Original Document Number (8-Digits)	Fund (6-Digits)	Organization (6-Digits)	Account (6-Digits)	Program (2-Digits)	Activity (Optional)	Total Amount

Correct FOAP:

Original Document Number (8-Digits)	Fund (6-Digits)	Organization (6-Digits)	Account (6-Digits)	Program (2-Digits)	Activity (Optional)	Total Amount

Total Amount Transferred: _____

Reason for Correction: _____

Requestor Information:

Contact Name: _____

Date: _____

Department: _____

Contact Email: _____

Phone Number: _____

Controller's Office Use Only:

Date Received: _____

Processed by: _____

Date Entered: _____

Please route this form along with the appropriate documentation to the Controller's Office or Interdepartmental@shsu.edu