

OSF Form 76
11/01/2003

STATE OF OKLAHOMA
Fiscal Year _____

Deposit Correction Form

Agency Number _____

Return to Office of State Finance, Accounting Room 122

Agency Name _____

Please correct the deposits as requested. Attached are copies of the Journal Entry Print

Date _____

		Business								
		Journal ID	Unit	Account	Sub-Account	Fund Type	Class_Funding	Department	CFDA #	Amount
As Posted										
Correct Entry										
								Date	_____	
								Signature	_____	
									Finance Officer	

		Business								
		Journal ID	Unit	Account	Sub-Account	Fund Type	Class_Funding	Department	CFDA #	Amount
As Posted										
Correct Entry										
								Date	_____	
								Signature	_____	
									Finance Officer	

Agency Contact _____

Phone _____

OSF JE # _____
By _____
OSF use Only