

**State of Oklahoma**  
**Office of Management and Enterprise Services**  
 Payroll Funding Correction - CORE Payrolls  
 To Director, Office of Management and Enterprise Services  
 Attention: Accounting

<u>SECTION A</u>	
Agency Name	Agency Number
Contact	
Name	Phone
Date of Request	

SECTION B

Journal Source		ALO									
Original Journal ID	Agency	Account	Fund Type	Class Funding	Department	Bud Ref	Program	Amount		OMES use only	
								Debit	Credit	Verified	Journal ID
							TOTALS	0.00	0.00		

SECTION C  
 Payroll Funding Corrections on PY ID# \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Agency Finance Officer

\_\_\_\_\_ Date

SECTION D  
 OMES use only: \_\_\_\_\_  
 For the Director of OMES \_\_\_\_\_ Date \_\_\_\_\_