

## Instructions for completing the Account Adjustment Request

The Account Adjustment Request (AJ1) is used for intra-university transactions where a check is not required. (Note: if an account is overdrawn, expenses must be moved using appropriate object codes.)

When used to record sponsored research transactions, the AJ1 is used to transfer expenditures from one account to another. The expenditures should be allowable (costs that can be specifically identified with a particular activity) and allocable (costs can be quantified) to the account to which it is being transferred.

The AJ1 is used for the transfer of non-personnel transactions. Only in extenuating circumstances are salaries transferred using an AJ1; such actions require advanced approval by the Office of Sponsor Research.

***This form can be completed on the computer by using the TAB key to navigate to each section and text field of the document. You may also navigate by right clicking the MOUSE.***

**(1) Account Identifier Information** - Assign a 7-digit alphanumeric identifier beginning with X. Choose an identifier that you can use to track the AJ-1. For example, choose a series of numbers and/or letters that can be used in a sequence.

**(2) Account to be Charged Information (Debit Account)** - Enter department contact person, department name, department number, campus address and telephone number for the account to be debited (account to be charged).

**(3) Account to be Reimbursed Information (Credit Account)** - Enter the department contact person, department name, department number, campus address and telephone number for the account to be credited (account to be reimbursed).

**(4) Debit Account Information** - Enter the ten-digit number to be charged and amount to be charged. Regarding tax: remember to use the tax relief account number 0-10416-1329 when transferring ledger 4 and 5 to state, trust, or overhead funds. (no tax on items purchased after 7/1/04)

**(5) Credit Account Information** - Enter the ten-digit account number to be reimbursed and amount to be reimbursed.

**(6) Description Information** - Include complete description of transaction, referencing any supporting documents, attach additional sheet if necessary - if correction of a previous transaction, complete all sections using information from the FBM091. Include justification for moving charges to debit account and how this charge is applicable to the debit account. Indicate 'partial' where applicable and highlight the transactions on an attached FBM091.

**(6a) All transactions** – Use this section of the form to explain each transaction. State how the item being transferred benefits the account being charged; state how the error occurred and identify steps to prevent future errors. (Note: the text field will expand as you enter information up to 3,000 characters.)

**(7) Equipment Information** - If the transaction includes equipment, enter the decal number of the equipment.

**(8) Approval Information** - Signature approval must be obtained from the department accepting the charge (debit account). Additional signatures may be required when closing accounts.

**Routing Information** - Print one copy on YELLOW paper, and any additional copies on white paper stamped copy. Send the YELLOW copy to the appropriate department for processing with all attachments stapled to the YELLOW copy. The department accepting the charge (debit account) should be sent/retain a copy and the department to be reimbursed (credit account) should be sent/retain a copy.



Please fill out this form online and print for signature.

<b>Regcug'lgg'Instructions</b>				<b>(1) Account Identifier</b> X _____ Date Prepared: _____	
Send to (please select one):					
<input type="checkbox"/> Accounting Services, 104 Airport Drive CB # 1210			<input type="checkbox"/> Office of Sponsored Research, 104 Airport Drive CB # 1350		
<b>(2) Account to be charged (Debit Account)</b>			<b>(3) Account to be reimbursed (Credit Account)</b>		
Name _____ Dept Name _____ CB # _____ Dept # _____ Telephone # _____			Name _____ Dept Name _____ CB # _____ Dept # _____ Telephone # _____		
<b>(4) Ledger-Acct ID-Object (Debit Account)</b>		<b>Account Approval</b>	<b>Amount</b>	<b>(5) Ledger-Acct ID-Object (Credit Account)</b>	
-				-	
-				-	
-				-	
-				-	
-				-	
-				-	
		<b>Total</b>			
<b>(6) Description/Justification of Transaction</b> (if correction of previous transaction complete all sections using information from FBM091)					<b>(7) Equipment (include decal #)</b>
Description	Date	TC	REF	2 <sup>nd</sup> REF	Amount
<b>(6a) All transactions – Description/Justification (Attach additional sheet if necessary)</b>					
<b>(8) Approval of Department accepting the charge</b>					
Signed _____			Date _____		
Area for additional signatures if necessary:					
Signed _____			Date _____		
Signed _____			Date _____		