



**Controller's Office  
Expense Module Correction Request Form**

Employee/Cardholder Name: \_\_\_\_\_

Expense Report Number: \_\_\_\_\_

Expense Type: \_\_\_\_\_

**Original (incorrect) Chartfields:**

Amount to Move	Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity	Cost Share	Merchant Name (if applicable)

**Correct Chartfields:**

Amount to Move	Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity	Cost Share	Merchant Name (if applicable)

**Justification:**

Requested By:

Date:

Departmental Approval:

Date:

Please email correction forms to [GENACCTG@mailbox.sc.edu](mailto:GENACCTG@mailbox.sc.edu)

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*Controller's Office Use Only:*

Processed by:

Date:

Correcting Expense Report ID: