Office of the University Controller
Florida State University

Student Business Services
1500A University Center
Tallahassee, FL 32306-2394
Ph: (850) 644-9452 Fax: (850) 644-5142

Procedures: Preparing the OMNI Correction Form

Overview: The Revenue Transfer Form allows transfers from budget to budget. Complete this form if you would like to move money from one account to another.

I. Completing the Form

    a. Route the correction request to the address listed at the top left corner of the form.

    b. Complete contact information in case a member of the accounting staff has any questions concerning the form submitted - contact name, phone number, department of contact person and mail code.

    c. Please provide an explanation as to why this correction is being requested.

    d. Complete the document # section - this should be the document ID and line number of the transaction located under the "Line Description" section of your journal. It will start with a letter or two followed by a series of numbers, for example - (CN365010010) where **CN36501** is the document ID and **0010** is the line number. If the document ID of the entry cannot be found the journal ID is sufficient - please provide the sequence number as well with the journal ID.

    e. Fill in the "Transaction Date" of the item needed to be corrected.

    f. Complete the budget information and amount of how the entry currently reads on your departmental ledger.

    g.Complete the budget information and amount of how you would like this entry corrected. ***Note:** Please provide back-up to the entry needed to be corrected - i.e., cashiering screen print of transaction processed or copy of page from departmental ledger.

II. Submitting the Form

    a. The form may be mailed to: Student Business Services Florida State University University Center A, Room A1500 Tallahassee, FL 32306-2394

    b. The form may be dropped off with the cashiers in Student Business Services.

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OMNI Correction Form

TO: **Student Business Serv. (Cashiers Office)**
Accounting Section
A1207 University Center
2394

FROM: **CONTACT NAME:** _____

PHONE: _____

DEPARTMENT: _____

MAIL CODE: _____

REASON for CORRECTION: _____

DOCUMENT # _____

_____

_____

Date on LEDGER _____

RECEIPT NOW READS:		SHOULD READ:	
DEPT & FUND CODE	_____	DEPT & FUND CODE	_____
ACCOUNT	_____	ACCOUNT	_____
PROJECT	_____	PROJECT	_____
CHARTFIELD 1	_____	CHARTFIELD 1	_____
CHARTFIELD 2	_____	CHARTFIELD 2	_____
CHARTFIELD 3	_____	CHARTFIELD 3	_____
AMOUNT	_____	AMOUNT	_____

RECEIPT NOW READS:		SHOULD READ:	
DEPT & FUND CODE	_____	DEPT & FUND CODE	_____
ACCOUNT	_____	ACCOUNT	_____
PROJECT	_____	PROJECT	_____
CHARTFIELD 1	_____	CHARTFIELD 1	_____
CHARTFIELD 2	_____	CHARTFIELD 2	_____
CHARTFIELD 3	_____	CHARTFIELD 3	_____
AMOUNT	_____	AMOUNT	_____

RECEIPT NOW READS:		SHOULD READ:	
DEPT & FUND CODE	_____	DEPT & FUND CODE	_____
ACCOUNT	_____	ACCOUNT	_____
PROJECT	_____	PROJECT	_____
CHARTFIELD 1	_____	CHARTFIELD 1	_____
CHARTFIELD 2	_____	CHARTFIELD 2	_____
CHARTFIELD 3	_____	CHARTFIELD 3	_____
AMOUNT	_____	AMOUNT	_____