

## Department of Accounts Error Correction Request Instructions

Complete the name, agency, phone number, extension (if applicable) and e-mail address of the person submitting the error correction request. The Date Submitted field will be auto-populated once the user submits to DOA. **Do not save this form, use the form located on DOA's website each time a request is needed.**

Name:			
Agency:			
Phone Number:		Extension:	
E-mail Address:			Date Submitted:

The requestor should include the complete batch identification information for the batch that is to be corrected in the format requested (i.e. 997 07222011 R 351). The sequence number can be a variety of items including the sequence (00005), the header (00000), a range (1-5), or all (to indicate the change is made to the entire batch). The request should reflect the detail of the corrections DOA is being asked to make. Verify the information prior to submission to ensure its accuracy. A new box should be entered for each batch. All fields must be completed prior to submitting the form.

	Batch Agency	Batch Date (MMDDYYYY)	Batch Type	Batch Number
Batch ID	▼		▼	
Sequence Number(s)				
Correction(s)				

After all information has been entered, print the form for agency records, by clicking:

Once the user has completed all the required information and printed the form for their records, the request can be submitted to DOA by clicking:

An email will be generated to DOA staff ([gacct@doa.virginia.gov](mailto:gacct@doa.virginia.gov)) for action.

If the user has more than four corrections, after clicking the Submit to DOA, click the

button. This will leave the requestor information at the top and allow the user to include an additional four correction requests. After the **Submit to DOA** button has been clicked again, a second email will be sent to DOA.

The lines below the gray bar are for DOA Use Only, please do not enter below the bar.

<b>Department of Accounts Use Only</b>	
The error correction maintenance specified above:	
<input type="radio"/> Meets requirements specified in the CAPP Manual and CARS edit criteria. <input type="radio"/> Does not meet CAPP Manual requirements and will be returned to agency.	
Certification Entered by: _____	Date: _____

# Department of Accounts Error Correction Request Instructions - Sample

Reset Form

Submit to DOA

Print Form

## Department of Accounts Error Correction Request

The daily cutoff for receipt of this form is 3:30 p.m. After 3:30 p.m., your information will be sent to the Department of Accounts but may not be processed until the following workday.

Name: Jane Doe  
 Agency: 151 - Department of Accounts  
 Phone Number: 8042253038 Extension: 001  
 E-mail Address: jane.doe@doa.virginia.gov

Date Submitted: 02/28/2011

### Corrections

	Batch Agency	Batch Date (MMDDYYYY)	Batch Type	Batch Number
Batch ID	151	01312011	7	100
Sequence Number(s)	1-5, 20, 26-35			
Correction(s)	Curr-Doc No: 12345678 Curr-Doc suffix: 11, 12, 13, 14 and 15 (sequence 1 -5)			

	Batch Agency	Batch Date (MMDDYYYY)	Batch Type	Batch Number
Batch ID	151	12282011	6	279
Sequence Number(s)	00000			
Correction(s)	Change batch amount to 5769.25 Change batch FM to 07.			

	Batch Agency	Batch Date (MMDDYYYY)	Batch Type	Batch Number
Batch ID	151	01122011	3	302
Sequence Number(s)	00004			
Correction(s)	Change the certified amount to 1,000.00 Change the vendor indicator to E. Pgm:809 SVC.A:80			

	Batch Agency	Batch Date (MMDDYYYY)	Batch Type	Batch Number
Batch ID	151	01/29/2011	R	215
Sequence Number(s)	ALL			
Correction(s)	Change the fund to 0200. Delete object. Add Rev-Src 10000.			

### Department of Accounts Use Only

The error correction maintenance specified above:

- Meets requirements specified in the CAPP Manual and CARS edit criteria.
- Does not meet CAPP Manual requirements and will be returned to agency.

Certification Entered by: \_\_\_\_\_ Date: \_\_\_\_\_