

## 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: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Corrections

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

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

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

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

### 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: \_\_\_\_\_