

## EXPENSE CHECK CORRECTION FORM

Date \_\_\_\_\_

To: Wood County Auditor's Office

From: \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Vendor Number:** \_\_\_\_\_  
Reason for Correction: \_\_\_\_\_  
\_\_\_\_\_

<b>From ( - ):</b>	(originally charged account)	<b>Amount</b>	<b>To ( + ):</b>	(correct account to charge)	<b>Amount</b>
Expense			Expense		
code to be credited			code to be debited		

**Check Number:** \_\_\_\_\_ **Vendor Number:** \_\_\_\_\_  
Reason for Correction: \_\_\_\_\_  
\_\_\_\_\_

<b>From ( - ):</b>		<b>Amount</b>	<b>To ( + ):</b>		<b>Amount</b>
Expense			Expense		
code to be credited			code to be debited		

Posted By:	_____
Date Posted:	_____

\_\_\_\_\_  
Signature of Elected Official or Department Head