

EXPENSE CHECK CORRECTION FORM

Date _____

To: Wood County Auditor's Office

From: _____

Check Number: _____ **Vendor Number:** _____
Reason for Correction: _____

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

Check Number: _____ **Vendor Number:** _____
Reason for Correction: _____

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

Posted By:	
Date Posted:	

Signature of Elected Official or Department Head