



Journal Entry Form

• Attach appropriate supporting documentation

Month:	Preparer Print Name	S i g n a t u r e s	Prepared By:	Phone Number	Date
Fiscal Year:			Approved By:	Phone Number	Date
JV Number:			Approved By:	Phone Number	Date
Reason for JV	Entered By:		Phone Number	Date	
	Reviewed By:		Phone Number	Date	

Finance No. (10)	Account No. (5)	Sub Acct. No. (3)	LDC (2)	Debit	Credit	Prior Period Adj Date
TOTAL				(Total debits must equal total credits)		