

The University of Tennessee
**JOURNAL VOUCHER SUPPORT DOCUMENT
 FOR SALARY TRANSFERS AFTER RETRO PERIOD**

Employee Name Last _____ First _____ M.I. _____
 Personnel # _____
 Primary Cost Ctr # _____ CostCtrName _____
 Position Title _____
 Department Contact _____ Email _____ Phone _____

Pay Cycle: Monthly Biweekly salary Biweekly hourly Other _____
 Time Period of Payroll: From _____ To _____

TO BE CHARGED-Cost Ctr/WBSE	Cost Ctr/WBS Element Name	GL Accts-include staff benefits	Amount
TOTAL			

TO BE CREDITED-Cost Ctr/WBSE	Cost Ctr/WBS Element Name	GL Accts-include staff benefits	Amount
TOTAL			

Explanation for Delayed Transfer/Plan for Future Action/Justification of Charges to Project *(Please attach additional pages, if necessary)*

Approval Signatures / Dates:

_____ Department Head - Charged	Date	_____ Date	_____ Department Head - Credited	Date	_____ Date
_____ Dean - Charged	Date	_____ Date	_____ Dean - Credited	Date	_____ Date
_____ Chief Business Officer	Date	_____ Date	_____ Controller's Office	Date	_____ Date

**Please include salary GL code and all individual staff benefit GL codes with applicable costs on this form.
 Please attach screen prints showing the effort certified that matches this cost transfer, if applicable.**