

OXFORD PUBLIC SCHOOLS

JOURNAL ENTRY REQUEST

FISCAL YEAR _____

Please return original Form to the Accounting Office with relevant back-up documentation.

Department/School: _____

Effective Date: _____

Amount: _____

From Account #: _____

To Account #: _____

Reason: _____

Authorized By: _____

Date: _____

**** FOR ACCOUNTING OFFICE USE ONLY ****

Completed: _____

By: _____

Date: _____