

## PREGENERATED DISTRIBUTION LINE REQUEST FORM Award to Award Movement

E-Mail to: PreGenRequests@rfsuny.org

FROM Award Information				TO Award Information			
Р	т	Α	P	T	Α		
Project End Date:				Project End Date:			
Task End Date:				Task End Date:			
Award End Date:				Award End Date:			
Award Close Date:				Award Close Date:			
				Date charge should have occurred: (Must be before P/T/A end date):			
Payroll Charge Item Date: (Date charge was paid)				Payroll Charge Amount:			
Payroll Charge Amount:							
· · ·				Organization:			
Full Name:				Expenditure Type:			
Assignment Number:							
Payroll Name:	Biweekly	SUNY					
Element Name:							
Organization:							
Expenditure Type:							
Reason For Movement of Pay Charges from Award to Award							
Submitted By:		Date:					
Input By:		Date:					
Outcome:							