

**USNH PAYROLL EXPENSE REALLOCATION FORM - CURRENT
DISTRIBUTION CHANGE NOTICE**

Name: (L,F,M) _____ **USID:** _____ **Position:** _____ **Suffix:** _____ **Date:** _____
Department Name: _____ **Last Pay Date:** _____ **Annual Salary:** _____
PEAMPL Org: _____

Current Year Expense Allocation							Revised Expense Allocation									
Line	BGrant	Fund	Org	Account	Activity	Amount	BGrant	Fund	Org	Account	Activity	Amount	From PP	To PP	Date From	Date To
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
Total							Total									

Comments/Reason for Reallocation: _____

Initiated By: _____
Endorsed By: _____
Endorsed By: _____
OSR if Restricted FOAPAL: _____