



STATE OF ARKANSAS
 Department of Finance and Administration
 Office of Accounting
 Expense Error Correction Request

Document Date: _____
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 Approval Date: _____
 Reference: _____

Purpose: _____

Line #	D/C	GL Account	Amount	Bus Area	Fund	Cost Center
Assignment			Text			

Line #	D/C	GL Account	Amount	Cost Center	Internal Order	WBS	Earmarked Funds
Calc Tax?	Tax Code	Bus Area	Fund	Assignment		Text	
	P0						

Line #	D/C	GL Account	Amount	Cost Center	Internal Order	WBS	Earmarked Funds
Calc Tax?	Tax Code	Bus Area	Fund	Assignment		Text	
	P0						

Line #	D/C	GL Account	Amount	Bus Area	Fund	Cost Center
Assignment			Text			

TC – FB50 Revised November 2005

For DFA Use Only: AASIS Document No: _____

Please Remit Form to:

Office of Accounting Service Bureau, P.O. Box 3278, 1509 West 7th, Suite 200, Little Rock, AR 72203
E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US **Fax:** (501) 682-2166 **Telephone:** (501) 682-1675