

# REPUBLIC OF PALAU

## MONTHLY REPORTS ERROR CORRECTION WORKSHEET

REQUESTING DEPT: \_\_\_\_\_

MONTH OF \_\_\_\_\_

PLEASE USE THE SECTION BELOW TO IDENTIFY ALL THE ERRORS DETECTED DURING YOUR REVIEW OF THE MONTHLY REPORTS. ALL THE INFORMATIONS NEEDED TO COMPLETE THIS FORM ARE TAKEN OUT OF THE SUBLEDGER ACTIVITY REPORT (131-P OR 135-P) AND ENCUMBRANCE REPORT (121-P). PLEASE KEEP A COPY AND FORWARD THE ORIGINAL TO CHIEF OF FINANCE AND ACCOUNTING FOR REVIEW AND APPROVAL. NOTIFY THE DIRECTOR OF BNT IF NO ACTION WAS TAKEN IN THE FOLLOWING MONTHS REPORT.

ITEM#	REPORT#	ORG#	COST CENTER	ACCT#	TC CODE	RCPT OR APV#	PAYEE	AMOUNT

BRIEFLY EXPLAIN PROPER ACTION REQUIRED FOR EACH ITEM # LISTED ABOVE.

ITEM#	

APPROVED BY: \_\_\_\_\_

PREPARED BY AND DATE \_\_\_\_\_

FINANCE: ENTERED BY AND DATE \_\_\_\_\_