Correcting Document – iLab (one invoice per correcting document)

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Document Number (SA	P)		Invoice Number (iLab	o)	
PI			Date of Original Charg	ge	
Date of Billing			Amount of Charge		
FROM			ТО		
Grant(s)	/PI:		Grant(s),		
IO(s)/WBS	E(s)		IO(s)/WBSI	E(s):	
Project Per	od:		Project Peri	od:	
Project T	tle:		Project Tit	tle:	
Available Balance/D	ata:		Available Balance/Da	to:	
	ld be numbered, for example: 1), 2), etc.		Available Balance/ Ba	ite.	
Explanation:					
Must clearly show - 1) W					
how error occur	red,				
2) Allowability & Allocab	ility,				
Reason for correc					
4) Timeli	ness				
*** Note: The explanation must be clearly and carefully worded so that regardless of the passage of time, a person unfamiliar with the situation can fully understand why					
and how the error occurred, understand the corrective action, and find it appropriate. Each invoice requires it's own iLab JV.					
Preparer: Signature		Date:	Pre-Auditor : Signature		Date:
Print		Phone:	Print		Phone:
PI Certification that project received the described expense and correction is prop					
Business Mgr.: Signature		Date:	PI Signature		
					1
Print		Phone:	Print		Data

Date: