GEORGETOWN UNIVERSITY

STUDENT ACCOUNTS ADJUSTMENT FORM

Student's ID (Soc Sec Num) ***Student's Name*** ***(Last, First, MI)***

Amount ***Debit/Credit***

Reason for Adjustment

Subcode ***Code*** ***Year*** ***Term***

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Issuing Dept Signature Date

Fund Account Code ***Center Number***

Debit Account

Credit Account

S/A Authorization

Voucher Date *Office/Systems*

S A M

Print 3 Copies of This Form: 1-Student Accounts Copy 2-Confirmation Copy 3-Issuing Department's Copy