

MG/BC17

جے ایم سی او ڈی

JOURNAL VOUCHER REQUEST

Request Type:		Requestor:		SAP ID:		Date:	
Reason for Req. / Remarks:							

In case of Correction JV, SAP Doc. No. which needs to be corrected (please attach a print out of the document)		Doc. Type:	
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CORRECTION JV DATA

Doc. Date:		Curr.	MVR	Total Debits:	-	For GL user's use only
Posting Date:				Total Credits:	-	Correction JV Doc No:
Reference:		<input type="checkbox"/>	Post with Clearing			Date of SAP entry:

GL / Asset	Dr. / Cr.	Amt. in Doc.Curr.	Tax	BA	Cost Ctr	WBS	Assign.	Text	Fund

Requested by:	Checked by:	Approved by:
< signature >	< signature >	< signature >
Name:	Name:	Name:
Designation:	Designation:	Designation: