

Type of Request: New Modify (eff. date: _____) Deactivate Tied to a Course(Course #:_____)

Proposed Banner
Detail Code (opt.)

Description to Appear on A/R Billing (28 char. max.)

Description of Intended Use / Reason for Request:

Accounting Information:	Index	Fund	Account	Activity (Opt)
Index 1	_____	_____	_____	_____
Index 2	_____	_____	_____	_____
Index 3	_____	_____	_____	_____

Printed Name of Requestor _____ Signature _____ Date _____ Unit _____

Printed Name of Administrator _____ Signature _____ Date _____ College or Executive Unit _____

(Authorized Use Only)

Transaction Type

Charge Payment _____ Receipt _____ Refund Code Refundable

General Ledger Information		Category	Priority	Rule Class 1	Rule Class 2	Rule Class 3
Percent	Accounting	Index	Fund	Account	Activity (opt)	
%	A (Dr)	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____
%	A (Dr)	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____
%	A (Dr)	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____

>>>> Send Completed Forms to: Office of the Bursar, NH179 <<<<<

FOAPA Approval:

Approved _____ Signature _____ Title _____ Date _____

Comments:

Notified: (As Needed)

Department _____ Initial /Date _____ ARR _____ Initial /Date _____ Updated TSADETC _____ Initial /Date _____