

Detail Code Request Form

Section A: To be completed by the Requestor			<input type="checkbox"/> Supporting Docs Attached
Requestor:		Dept:	Date:
<input type="checkbox"/> Establish Code	<input type="checkbox"/> Modify Code	<input type="checkbox"/> Move to/from Inactive	<input type="checkbox"/> Replace Existing Code
Purpose:			Fund Code:
Description:			
Type:	Category:	Grant Type:	Priority Code:
Direct Deposit <input type="checkbox"/>	Term Based <input type="checkbox"/>	Like Period <input type="checkbox"/>	Exclude Invoice Print <input type="checkbox"/>
Refundable <input type="checkbox"/>	Aid Year Based <input type="checkbox"/>	GL Enterable <input type="checkbox"/>	Pay History <input type="checkbox"/>
Receipt <input type="checkbox"/>	Like Term <input type="checkbox"/>	Title IV <input type="checkbox"/>	Pay Type _____
Active <input type="checkbox"/>	Like Aid Year <input type="checkbox"/>	Institutional Charge <input type="checkbox"/>	Tax Type _____
Account Information	Fund:	Org:	Acct:
Requestor Signature:			Date:
Section B: To be completed by Finance			
Detail Code Assigned:		<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Records Office
Debit FOAPAL:	Fund:	Org:	Acct:
Prog:	Rule Class 1:	Rule Class 2:	Rule Class 3:
Credit FOAPAL:	Fund:	Org:	Acct:
Prog:	Rule Class 1:	Rule Class 2:	Rule Class 3:
Comments:			
Student A/R Approver:			Date:
Accounting Approver:			Date: