



Detail Code Request Form  
Bursar's Office

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Requestor Information**

<b>Date of Request:</b>	
<b>Name of Requestor:</b>	
<b>Department:</b>	
<b>Dept. Contact:</b>	
<b>Dept. Phone Number:</b>	
<b>Dept. P.O. Box:</b>	
<b>Dept. Head/Director/Dean:</b>	
<b>Dept. Head/Director/Dean Signature:</b>	

- Create a New Detail Code  
 Change data for existing Detail Code

Detail Code to Change: \_\_\_\_\_

Date Effective: \_\_\_\_\_

<b>Suggested Detail Code Description:</b>	
<b>Reason for Request:</b>	

Date Submitted: \_\_\_\_\_ Date Needed (allow 10 business days): \_\_\_\_\_

Accounting String:

ACCOUNT      FUND      PROGRAM      CLASS      DEPT ID      PROJ/GRANT

**FOR BURSAR/ACCOUNTS RECEIVABLE USE ONLY:**

Detail Code Created: \_\_\_\_\_

Type:     Charge     Payment    Category Code: \_\_\_\_\_ Priority: \_\_\_\_\_

Refundable:     Yes     No    Term Based:     Yes     No

Title IV:     Yes     No    Institutional Charges:     Yes     No    G/L Enterable:     Yes     No

Payment Type:     Cash     Exemption     Financial Aid     Misc. Credits     Third Party

Accounting String:

ACCOUNT      FUND      PROGRAM      CLASS      DEPT ID      PROJ/GRANT

Created/Modified By: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Manager (Printed Name): \_\_\_\_\_

Budget Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_