

**Type of Request:**  New  Terminate (eff. date) \_\_\_\_\_

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Proposed Banner Detail Code (opt.)      Description to Appear on A/R Billing (30 char. max.)

Description of Intended Use / Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accounting Information	Index	Fund	Account Code	Activity Code (Optional)
Index 1	_____	_____	_____	_____
Index 2	_____	_____	_____	_____
Index 3	_____	_____	_____	_____

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

(Authorized Use Only)

**Transaction Type**

Charge     
  Payment \_\_\_\_\_ Category     
  Receipt \_\_\_\_\_ Priority     
  Refund Code     
  Refundable

**General Ledger Information**

Percent	Accounting	Index	Fund	Account	Activity	Rule Class 1	Rule Class 2	Rule Class 3
%	A (Dr)	_____	_____	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____	_____	_____
%	A (Dr)	_____	_____	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____	_____	_____
%	A (Dr)	_____	_____	_____	_____	_____	_____	_____
%	B (Cr)	_____	_____	_____	_____	_____	_____	_____

Send Completed Form to: Student Account Manager in Business Affairs, B100 Kerr Administration

**FOAPA Approval**

Approved      Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Notified (as needed)      Updated

Department \_\_\_\_\_ / \_\_\_\_\_     
  Schedule Desk \_\_\_\_\_ / \_\_\_\_\_     
  TSADETC \_\_\_\_\_ / \_\_\_\_\_

Initial / Date      Initial / Date      Initial / Date