Detail Code Request Form - Departments
Office of Student Accounts
100 Sparks Hall
404-413-2555
404-413-2144 fax
Email: aroperations@gsu.edu

Detail codes are unique, four digits, alpha/numeric codes used to place and identify charges and credits on accounts in Banner AR. Detail codes link Banner AR to the PeopleSoft General and/or Operating Ledgers. Every Detail code is mapped to two Chart of Account numbers (i.e., speed types) so that when used it always generates the appropriate two-sided accounting distribution that records the transaction in the University’s General and/or Operating Ledgers according to the pertinent finance rules.

Complete and submit the Detail Code Request form when requesting a new or updating and existing detail code.
Detail Code Request Form – Departments

Type of Detail Code Request: Study Abroad ☐ Marketplace ☐ Other ☐

Requesting Department Information:
First Name: ___________________________ Middle Initial: ___ Last Name: ___________________________
Title: ___________________________________________________________ Phone: ___________________________
College: ____________________________ Office/Department: ____________________________
Panther ID: __________________________ Email: __________________________

Reason for Request: Request a new Detail Code ☐ Change an existing Detail Code description or COA ☒
Request that an existing Detail Code be inactivated ☐

Please describe why a new detail code is needed, an existing detail code needs to be changed, or a detail code
should be deactivated:

__________________________________________________________

Please enter the description to be used in Banner (30 characters max). This is the description that will appear on
the customer’s bill: ________________________________________________________________

Provide Accounting Distribution for Revenue:

<table>
<thead>
<tr>
<th></th>
<th>Account</th>
<th>Fund*</th>
<th>Org</th>
<th>Program</th>
<th>Class</th>
<th>Budget Year</th>
<th>Project/Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Charge detail codes must map to either a self-supporting [auxiliary] or agency fund.

Requestors Signature: ____________________________ Date: __________________________

Approving Official Name: ____________________________ Phone: ___________ Email: __________________________

Approving Official Signature: ____________________________ Date: __________________________

Student Account Office Only Below This Line

<table>
<thead>
<tr>
<th>Detail Code: _______</th>
<th>Refund Code: _______</th>
<th>Term Based: ☐</th>
<th>Pay Type: _______</th>
<th>Defaults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: Charge/Payment</td>
<td>Direct Deposit: ☐</td>
<td>Aid Year Based: ☐</td>
<td>Tax Type: _______</td>
<td>Amount: _____</td>
</tr>
<tr>
<td>Category: _______</td>
<td>Refundable: ☐</td>
<td>Like Term: ☐</td>
<td>Title IV: ☐</td>
<td>Term: NOT USED</td>
</tr>
<tr>
<td>Grant Type: _______</td>
<td>Receipt: ☐</td>
<td>Like Aid Year: ☐</td>
<td>Inst Charges: ☐</td>
<td>Eff Date: NOT USED</td>
</tr>
<tr>
<td>Priority: _______</td>
<td>Active: ☐</td>
<td>Like Period: ☐</td>
<td>Exclude Inv Print: ☐</td>
<td>1098T: Inc ☐ Exc ☐</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Line B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Detail Code Set Up Approval(SA): __________________________ Date: __________________________ Forwarded to RRCS: __________________________

Accounting set up Approval (RRCS): __________________________ Date: __________________________