Detail Code Request Form

Requesting Department: ____________________________________________

Requestor Name: ____________________________ Panther ID: ____________________________

Title: ____________________________________________ Phone: ____________________________

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 & check if applicable: Title IV Aid: ☐ State Aid: ☐ Institutional Aid: ☐

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

Requestors Signature: ____________________________________________ Date: ____________________________

Approving Official Name: ____________________________ Phone: ___________ Email: ____________________________

Approving Official Signature: ____________________________________________ Date: ____________________________

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Detail Code: _________ Refund Code: __________
Type: Charge/Payment Direct Deposit: ☐ Refundable: ☐
Category: __________ Receiptable: ☐ Active: ☐
Grant Type: __________ Term Based: ☐
Priority: __________

Term Based: ☐

Term: ☐

Like Term: ☐

Like Aid Year: ☐

Like Period: ☐

GL Enterable: ☐

Pay Type: _______

Title IV: ☐

Title: ☐

Inst Charges: ☐

Exclude Inv Print: ☐

Payment History: ☐

1098T: Inc ☐ Exc ☐

Details

Amount: __________

Term: NOT USED

Eff Date: NOT USED

1098T: Inc ☐ Exc ☐

Detail Code Set Up Approval (SA): ____________________________ Date: _________ Forwarded to RRCS on: ____________

Accounting Set Up Approval (RRCS): ____________________________ Date: __________________

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Student Account/RRCS Office Only Below This Line

__________________________________________________________________________

__________________________________________________________________________