



**REQUEST TO ESTABLISH AN ACCOUNTS RECEIVABLE
DETAIL CODE**

To: Anastasia Polk-Bethea
Interim Director, Student Account &
Cashiering

Date _____

From: _____
(Person) (Department)

New Detail Code Change in Existing Detail Code

Department requests a new Accounts Receivable Detail Code for:

(Detail Code #)

Description: _____

Finance Fund, Account and Organization to be charged:

Fund _____

Org: Acct: _____

I certify that I am authorized by my department to request detail codes which are required for entering charges and/or deposits to the Accounts Receivable system.

(Department Contact – Print Name)

Digital
Signature _____
Signature

(Phone Number and Email Address)

For Printed
Form _____

Student Account Use Only:

Detail Code Assigned: _____

Entered by: _____

Date Entered in Banner: _____