

# REQUEST FOR NEW DETAIL CODE

**Detail Code Type**    Charge    Payment

*[See instructions (page 2) for rules and help]*

Will items with this code be refundable?    No    Yes

Is this specific to one enrollment period or for continuous use?

Enrollment period (specify) \_\_\_\_\_  
 Continuous use

**Requested Code** (4 characters): \_\_\_\_\_  
*(See page 2 for applicable rules)*

**Title Description** (Provide a brief descriptive title): \_\_\_\_\_  
*(See page 2 for applicable rules)*

Describe use of this code *(please be specific)*:

Department Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Category Code** (Mark one below)  
*(See page 2 for applicable rules)*

	<u>Description</u>	<u>Category</u>		<u>Description</u>	<u>Category</u>
<input type="checkbox"/>	Ag Communications	AGC	<input type="checkbox"/>	Loans – Financial Aid	LNS
<input type="checkbox"/>	Adm Appl Charge	APF	<input type="checkbox"/>	Registration Fees	FEE
<input type="checkbox"/>	Billing Charges	BIL	<input type="checkbox"/>	Miscellaneous Fines	FIN
<input type="checkbox"/>	Computing Center	CC	<input type="checkbox"/>	Meal Plan	MEA
<input type="checkbox"/>	Contract Charge/payment	CNT	<input type="checkbox"/>	Physical Plant	PPL
<input type="checkbox"/>	Deposit	DEP	<input type="checkbox"/>	Refund	RFD
<input type="checkbox"/>	Dining Services	DIN	<input type="checkbox"/>	Rental Charges	RNT
<input type="checkbox"/>	Departmental Payments	DPT	<input type="checkbox"/>	Scholarships – Financial Aid	SCH
<input type="checkbox"/>	Exemption Payments	EXM	<input type="checkbox"/>	Transcript Charges	TRN
<input type="checkbox"/>	Financial Aid	FA	<input type="checkbox"/>	Registration Tuition	TUI
<input type="checkbox"/>	Grants-Financial Aid	GRT	<input type="checkbox"/>	Work Study – Financial Aid	WRK
<input type="checkbox"/>	Housing	HOU	<input type="checkbox"/>		
<input type="checkbox"/>	Insurance	INS	<input type="checkbox"/>	her _____	

*(Please Define)*

**BANNER Accounting Structure:**

FUND: \_\_\_\_\_ ORG: \_\_\_\_\_ ACCT: \_\_\_\_\_ PROG: \_\_\_\_\_ ACT: \_\_\_\_\_  
*(If applicable)*

<b>DEPARTMENTAL APPROVAL</b>		
<i>Print Name</i>	<i>Department/Unit</i>	
<i>(Approval Signature)</i>	<i>(Title)</i>	<i>(Date)</i>

When complete, forward form and supporting documents to Account Services, Mail Stop 9701

**CONTROLLER & TREASURER USE ONLY**

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*(Code Assigned)*

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*(Date)*

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*(Internal Approval)*

## **Instructions for Completing “Request for New Detail Code” Form**

### **Detail Code Structure Rules:**

1. Units originate request for detail code.
2. Character structure may be requested in space provided.
3. Will be subject to approval of Table Administrators.
4. Requested structure will be honored unless it creates conflict with prior numbering structures.
5. Each detail code must be unique.
6. Consider if transactions are revenues or expenditures and provide FOAP accordingly.

### **Title Description Rules:** (Limited to 30 characters)

1. Requesting unit defines.
2. Must be spelled out - no abbreviations unless required by field limits.
3. Leading word should have some meaning for query purposes.
4. Requested title subject to approval of table administrators.
5. Consider customer and/or user interpretation when defining

### **Category Code Rules:**

1. Requesting units may request a grouping category.
2. Some detail codes must be grouped to system required category codes.
3. Consider that category code will be used for reporting purposes.
4. Code controls User Access.
5. Code is subject to approval by Table Administrators.

Note: If the detail code is for enrollment-related charges, please attach Provost approval.

For additional help, contact Sonja Beavers, Account Services at 325-3362.