NORTHEASTERN
STATE UNIVERSITY

# REQUEST FOR NEW OR UPDATED BANNER DETAIL CODE

**Type of Request:**

**New** ☐ * **Update** ☐

*When updating detail code information, a new detail code will be assigned.

**Detail Code:** _____
(for updates only)

**Description:** _____

****Account A:** _____
(if known)

| FUND | ORG. | ACCOUNT | PROGRAM | ACTIVITY | LOCATION | RULE CLASS 1 | RULE CLASS 2 | RULE CLASS 3 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

****Account B:** _____
(if known)

| FUND | ORG. | ACCOUNT | PROGRAM | ACTIVITY | LOCATION | RULE CLASS 1 | RULE CLASS 2 | RULE CLASS 3 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**If Account A and B information is unknown University Accounting will assign

**Comments:** _____

**Requested by**

Print Name _____ Date _____ Extension _____

**Signatures**

*Signature of Bursar* _____ *Date* _____

*Signature of Accounting* _____ *Date* _____

*Signature of Accounts Receivable* _____ *Date* _____ Detail Code _____

| For Office Use: | |
|---|---|
| Type: | |
| Category: | |
| Priority: | |
| Pay Type: | |
| Refund Code: | |
| Direct Deposit | Y/N |
| Refundable: | Y/N |
| Receipt: | Y/N |
| Active: | Y/N |
| Like Term: | Y/N |
| Like Aid Year: | Y/N |
| Like Period: | Y/N |
| GL Enterable: | Y/N |
| Title IV: | Y/N |
| Institutional Charge: | Y/N |
| Exclude Print Invoice: | Y/N |
| Payment History: | Y/N |

Send completed form to Bursar Services, Tahlequah Administration Building, 124

Revised April 2017