Detail Code Creation/Change Request Form

Campus: ________________ Charge or Pay Type: ________________ (Revenue generating = C)

Department: ________________________________________________________________

Requestor Name: __________________________________________________________________________________

Fund [Cannot be fund 3 (grants)]: ___ ___ ___ ___ ___ Org: ___ ___ ___ ___ Account: ___ ___ ___ ___

Desired Detail Code Description: ____________________________________________________________________________

Preferred Detail Code: __________ (Limit 4 characters, must start with F for Fairbanks, Z for Chukchi, 7 for Bristol Bay, 8 for IAC, N for Northwest, X for CTC, etc.)

Estimated length of use (years): __________ Frequency: _________________________________________

Is this student aid? Scholarship, fellowship, grant, award, etc.? ______________________

Justification for request (why do you need a detail code?): ____________________________________________________________________________

Will this be linked to an exemption code? ________________________________________________

Fax to 907-474-6183.
Contact Amanda Wall at 474-7552 or amanda.wall@alaska.edu for more information.

For Office Use Only:

Date Completed: __________________________ By: ________________________________