

Banner Finance Account Code Request Form

Please submit completed form to CO-Accounting@mines.edu

Requestor Name: Depar		ment:		Date Requested:
Account Code Classification: Requested Title: (must be 35 characters or less)				less)
Please describe the purp	ose of your request:			
Controller's Office Use ONLY:				
	Ne	e <u>w</u>	Change	
Account Code:	Account Title:			Effective Date:
Predecessor Acct:	Data Entry:	Yes N	o Acct Type:	Budget Pool:
Template:	Duplicate Check:	Reason fo	r Change:	
Grant Billing Reviewed				
Basis Table/IDC Ramifications				
CORE Roll-up Issues Financial				
Statement Issues				
General Accounting Approval:		Date:		
Processed By:		Date:		Notify ORA?