



Detail Code Request Form

Student Fiscal Support Services OM365, MS-9022, 360.650.2924 or 360.650.3773

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date of Request: _____

Create a new Detail Code

Department: _____

Change data for an existing Detail Code

Dept. Contact: _____

Date Effective: _____

Dept. Phone: _____

Mail Stop: **MS-** _____

Enter suggested Detail Code (maximum 4 characters):

Four empty boxes for entering a 4-character code.

Suggested Detail Code Title:

Large empty box for entering the suggested detail code title.

Description of what you want this Detail Code to do:

Large empty box for describing the purpose of the detail code.

Date Submitted: _____

Date Needed (allow 10 working days): _____

Accounting String:

Accounting string fields: C, FAST INDEX, FUND, ORG, ACCT, PROG, ACTV, LOCN.

FOR OFFICE USE ONLY:

Office use section containing checkboxes for Type (Charge/Payment), Refundable (Yes/No), Title IV (Yes/No), Payment Type (Cash/Exemption/Financial Aid/Misc Credits/Third Party), Category Code (3 boxes), Priority (3 boxes), Term Based (Yes/No), Institutional Charges (Yes/No), G/L Enterable (Yes/No), and Account String (C, FAST INDEX, FUND, ORG, ACCT, PROG, ACTV, LOCN).

SFS APPROVAL:

Name: _____

Date: _____