

## Detail Code Request Form - Departments

Office of Student Accounts

100 Sparks Hall

404-413-2144 fax

Email: [aroperations@gsu.edu](mailto:aroperations@gsu.edu)

Detail codes are unique, four digits, alpha/numeric codes used to place and identify charges and credits on accounts in **Banner** AR. Detail codes link **Banner** AR to the **PeopleSoft** General and/or Operating Ledgers. Every Detail code is mapped to two Chart of Account numbers (i.e, speed types) so that when used it always generates the appropriate two-sided accounting distribution that records the transaction in the University's General and/or Operating Ledgers according to the pertinent finance rules.

Complete and submit the Detail Code Request form when requesting a new or updating and existing detail code.

# Detail Code Request Form – Departments

Type of Detail Code Request: Study Abroad ☐ Marketplace ☐ Other ☐

## Requesting Department Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

College: \_\_\_\_\_ Office/Department: \_\_\_\_\_

Panther ID: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Request: Request a new Detail Code ☐ Change an existing Detail Code description or COA ☐  
Request that an existing Detail Code be inactivated ☐

Please describe why a new detail code is needed, an existing detail code needs to be changed, or a detail code should be deactivated:

Please enter the description to be used in Banner (30 characters max). This is the description that will appear on the customer's bill: \_\_\_\_\_

## Provide Accounting Distribution for Revenue:

	Account	Fund*	Org	Program	Class	Budget Year	Project/Grant
Line A							

\*Charge detail codes must map to either a self-supporting [auxiliary] or agency fund.

Requestors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approving Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Account Office Only Below This Line

<b>Detail Code:</b> _____ <b>Type:</b> Charge/Payment <b>Category:</b> _____ <b>Grant Type:</b> _____ <b>Priority:</b> _____	<b>Refund Code:</b> _____ <b>Direct Deposit:</b> <input type="checkbox"/> <b>Refundable:</b> <input type="checkbox"/> <b>Receipt:</b> <input type="checkbox"/> <b>Active:</b> <input type="checkbox"/>	<b>Term Based:</b> <input type="checkbox"/> <b>Aid Year Based:</b> <input type="checkbox"/> <b>Like Term:</b> <input type="checkbox"/> <b>Like Aid Year:</b> <input type="checkbox"/> <b>Like Period:</b> <input type="checkbox"/> <b>GL Enterable:</b> <input type="checkbox"/>	<b>Pay Type:</b> _____ <b>Tax Type:</b> _____ <b>Title IV:</b> <input type="checkbox"/> <b>Inst Charges:</b> <input type="checkbox"/> <b>Exclude Inv Print:</b> <input type="checkbox"/> <b>Payment History:</b> <input type="checkbox"/>	<b>Defaults</b> <b>Amount:</b> _____ <b>Term:</b> NOT USED <b>Eff Date:</b> NOT USED <b>1098T:</b> Inc <input type="checkbox"/> Exc <input type="checkbox"/>
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	Account	Fund*	Org	Program	Class
Line B					

Detail Code Set Up Approval(SA): \_\_\_\_\_ Date: \_\_\_\_\_ Forwarded to RRCS: \_\_\_\_\_

Accounting set up Approval (RRCS): \_\_\_\_\_ Date: \_\_\_\_\_