

Detail Code Request Form - Departments

Office of Student Accounts

100 Sparks Hall

404-413-2144 fax

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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

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

| | Account | Fund* | Org | Program | Class |
|--------|---------|-------|-----|---------|-------|
| Line B | | | | | |

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

Accounting set up Approval (RRCS): _____ Date: _____