



Detail Code

ROUTING
UAR, MSC 4570
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Phone 646-4911
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SECTION 1: REQUESTOR INFORMATION

Request Date (mm/dd/yyyy): _____ Requestor Name: _____ Department: _____

E-mail: _____ Phone Number: _____

SECTION 2: REQUEST DETAILS

New Change Change Reason: _____

CONTROL

Detail Code: _____ Desc: _____ Campus Code: _____

Type: _____	Refund Code: _____	<input type="checkbox"/> Term Based	Pay Type: _____
Category: _____	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Aid Year Based	Tax Type: _____
Grant Type _____	<input type="checkbox"/> Refundable	<input type="checkbox"/> Like Term	<input type="checkbox"/> Title IV
Priority: _____	<input type="checkbox"/> Receipt	<input type="checkbox"/> GL Enterable	<input type="checkbox"/> Institutional Chg
		<input type="checkbox"/> Active	<input type="checkbox"/> Exclude Invoice Pr
			<input type="checkbox"/> Payment History

INTERFACE

Effective Date (mm/dd/yyyy): _____

Term Based **Note:** If Term Based or Aid Year Based Controls are checked, a Designator must be assigned for each FOAPAL below.

Aid Year Based

	Index	Fund	Orgn	Account	Program
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				

SECTION 3: REQUESTOR APPROVAL

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Entered By: _____ Date: _____

Reset