BANNER ACCOUNTS RECEIVABLE
DETAIL CODE REQUEST FORM

Date: ____________________

Detail Code Description: ____________________________________________
(Limit 30 Characters)

Index (to be Credited): __________________

Fund: __________ Orgn: __________ Prog: __________

Account Code (Revenue): __________________

Description of services to be billed: ______________________________________

Contact # (printed on invoice): ( ) ______________________________

Category Code (if existing): __________________

Printer Location: ☐ Library ☐ School of Medicine ☐ Accounting ☐ SPA

Requested by: _______________________________________________________

Department: __________________________________ Ext: __________

Email Address: __________________________________ Fax: _______________

Submit to: General Accounting
4602 AAB

For Accounting Use Only

Detail Code No. ____________________ Input by: __________________ Date __________
Category Code: ____________________
A/R Detail Code Request