WAYNE STATE UNIVERSITY

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: _____