BANNER RECURRING RECEIVABLE REQUEST FORM

______________________________________________________________

Date: ____________________

Recurring Detail Code Description: ____________________________________________
(Limit 30 Characters)

Index (to be Credited): __________________

Fund: _______ Orgn: _______ Prog: _______

Account Code (Revenue):

Recurring Detail Code: XR

Modify description? □Yes □ No

Effective date____________________

Description of Recurring Invoice:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If you have questions regarding this invoice, call (313) _______ - ________.

Requested by: ___________________________ Ext: ___________

Department: ___________________________ Fax: ___________

Email Address: ________________________

Submit to: General Accounting
4602 AAB

For Accounting Use Only

Detail Code No. _______________ Input by: ______________ Date ___________

Rules Code No. _______________ Input by: ______________ Date ___________

A/R Recurring Receivable Request