



Route form to:
Cashier's Office – MS 55
cashier@rice.edu
713-348-4946

Detail Code Request

Section 1: Requestor Information

Date: _____ Department: _____ Mail Stop: _____

Requestor: _____ E-Mail: _____ Phone: _____

Section 2: Request Details

New

Purposed Description <i>(30 character max)</i>

Modify

Detail Code <i>(Existing 4 character code)</i>

Purpose of Request

Revenue/Expense Allocation

Note: Multiple lines provided in the event revenue/expense is to be split among multiple Account Strings.

Effective Fiscal Year	Percent Allocation <i>Must sum to 100% if allocated to multiple Account Strings</i>	Account String

Section 3: Department Approval

Approver Name (*Print*) _____ Signature _____ Date _____

--For Cashier's Office Use Only--

Processed by	Date	Comments