

Pacific Lutheran University

DETAIL CODE REQUEST FORM

To Be Completed by Requestor:		
Requestor Name:	Department:	
Requestor Signature:	Ext#:	Date:
DETAIL CODE DESCRIPTION: (30 Characters Max)		
Detail Code: ____ _	Priority Code: ____ _	Category Code ____ _
Charge / Payment to Student Account (Circle One)	Debit / Credit to Banner Foap (Circle One)	
Banner FOAP: _____ - _____ - _____		
Reason For Request:		

*****Business Office Use Only*****							
FOAP Approved by: _____				Date: _____			
Detail Code: ____ _			DETAIL CODE DESCRIPTION: _____				
Payment / Charge		Priority Code: ____ _			Category: _____		
Refundable: Y / N		Receipt: Y / N		Like Term: Y / N		Like Aid Yr: Y / N	
Fund	Org	Acct	Program	RC1	RC2	RC3	
FOAP A: _____							
FOAP B: _____							
Created in Banner by:				Date:			