

Banner Chart of Accounts (COA) Maintenance Request Form

NOTE: Please submit approved form to the Controller's Office for processing

1. Responses to the following are **required**:

1a. Request type: Add Modify Inactivate / Terminate

1b. Chart element: Index Fund Organization Account Program

1c. Name of chart element (35 character maximum):

1d. Chart number (only if **modifying/inactivating/terminating**):

1e. Requestor's name:

1f. Requestor's home department name & number:

1g. Requestor's telephone number:

1h. Requestor's email address:

2. A response to the following questions is **required** when **ADDING** a chart element (attach support documents to the request, MOU, Bylaws, websites, draft budget, etc.):

2a. Which division will this
chart element roll up to?

2b. What is the funding, budget
re-allocation, or new revenue
source for this index (FOAP)?

2c. What type of activities will
this spending unit be making
expenditures for (FOAP)?

3. What modification is needed, and why? Response **required**, when **MODIFYING** a chart element:

4. A response to the following questions is **required** when **ADDING** a **balance sheet** account (Cash, Accounts Receivable, etc.):

4a. Who is responsible for preparing the account reconciliation?

4b. Who is responsible for reviewing the account reconciliation?

4c. Frequency of account reconciliation preparation (Monthly, Quarterly, Semi-annually, Annually, etc.)?

FISCAL INFORMATION

5. Effective date of addition, modification, or inactivation/termination (e.g., July 1, 20xx)?

NOTE: In order to grant access to financial data, an **Index/FOP Access Form** must be completed at the time a request to add an index is submitted. Once completed and approved, please submit both forms to the Controller's Office.

The Index/FOP Access Form is located under the **Accounting and System Access Forms** tab on the Controller's website.

APPROVALS

Chair / Director / Department Head approval: _____
Signature Date

Printed name

Vice President / Dean / Designee approval: _____
Signature Date

Printed name

Controller or designee signature: _____
Signature Date

Printed name

CONTROLLER'S OFFICE USE ONLY

If terminating a fund, have all encumbrances been liquidated; and are all cash / receivable / payable accounts \$0 on FGITBAL? If No, stop and clear the fund before proceeding. _____

Predecessor code: _____

Index: _____

Data-enterable (Y/N): _____

Fund: _____

Fund/Account type: _____

Organization: _____

Expense Pool account: _____

Account: _____

Normal account balance (D/C): _____

Program: _____

Activity: _____

Location: _____

Controller's Office routing: Initials Date

Entered by: _____

Requestor notified: _____