

Normal Bal:

## **Account Code Request Form**

<u>Instructions:</u> Complete this form to request, change or terminate an account code. Send completed form to Financial Reporting via e-mail at <u>genaccting@drexel.edu</u> or via interoffice mail to 1505 Race Street, MS1064, 938 Bellet Building. For questions contact 215-895-0281.			
Select which Cha	art of Accounts the Account Code	e is being requested for :	
Account Code			
New	Revision Ter	mination	
NEW Account	Codes - This section is to b	e completed for new a	ccount code requests only.
1.	) Please provide the title of the a code (Max 35 Char		
2.) Do	escribe the purpose of the accour	nt code:	
10/1/1988. If y	ant codes will utilize an effective ou would like a different effectiv provide the date in the box to th	ve date,	
Revisions - 7	This section is to be comple	ted for requests to revi	se an account code only.
4.) Sugge	ested Revised Title (Max 35 char	acters):	
	5.) Provide justification for o	change:	
Termination	s - This section is to be con	npleted for requests to	terminate an account code only.
6.) Provide	date you wish to terminate activit	y code:	
7.) Prov	ide justification for terminating ac	ccount:	
Name:	Title:		
Signature:			
Comptroller's	Office Use Only		
Account #	Account Type:	Asset Account:	Pool Acct:
Predecessor:	Income Type:	A/D Account:	Fringe Acct:
Data Entry:	Account Class:	Deprec Acct:	Fringe Percent: