

REQUEST FOR CHANGES IN SYSTEM TABLE

Date _____

Requester _____ Dept.: _____ Ext. No.: _____

System Table Element to be Changed:

Organization _____

Fund _____

Account _____

Program _____

Bank _____

Other _____

Title of Data Element to be changed: _____

Banner Form(s) to be changed: _____

Will changeload anew Budget Unit Director (Please circle yes or no): YES NO

Purpose for This Change:

Before System Table Change:

After Proposed System Table Change:

| | Action | Signature | Date |
|------------------------|--------|-----------|-------|
| Assoc. Budget Officer | _____ | _____ | _____ |
| Associate Controller | _____ | _____ | _____ |
| Finance System Manager | _____ | _____ | _____ |

Date Entered: _____

Initials: _____