

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: _____