



Finance Documentation

ROUTING

FIP
 MSC CAR
 Fip@nmsu.edu
 Phone 646-1514

SECTION 1: REQUESTOR INFORMATION

1. Name (Required): _____ 2. E-mail (Required): _____ 3. Phone # (Required): _____
 4. Department (Required): _____ 5. Request Date (mm/dd/yyyy): _____ 6. Date Needed (mm/dd/yyyy): _____
 7. FY: _____

SECTION 2: REQUEST DETAILS

8. INFORMATION REQUESTED (Required):

Banner Doc #	Transaction Date	Index Code	Account Code	Ref. 1	Rule Code (Type)	Desc./Vendor (20 characters)	Amount

INFORMATION NEEDED:

9. Specific Instructions/Comments:

SECTION 3: INTERNAL DEPARTMENT USE ONLY

Process by: _____ Process date: _____ Emailed on: _____ Called on: _____

Reset