



# Detail Code

**ROUTING**  
UAR, MSC 4570  
uar@nmsu.edu  
Phone 646-4911  
Fax 646-7773

## SECTION 1: REQUESTOR INFORMATION

Request Date (mm/dd/yyyy): \_\_\_\_\_ Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

New  Change      Change Reason: \_\_\_\_\_

### CONTROL

Detail Code: \_\_\_\_\_ Desc: \_\_\_\_\_ Campus Code: \_\_\_\_\_

Type: _____	Refund Code: _____	<input type="checkbox"/> Term Based	Pay Type: _____
Category: _____	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Aid Year Based	Tax Type: _____
Grant Type _____	<input type="checkbox"/> Refundable	<input type="checkbox"/> Like Term	<input type="checkbox"/> Title IV
Priority: _____	<input type="checkbox"/> Receipt	<input type="checkbox"/> GL Enterable	<input type="checkbox"/> Institutional Chg
		<input type="checkbox"/> Active	<input type="checkbox"/> Exclude Invoice Pr
			<input type="checkbox"/> Payment History

### INTERFACE

Effective Date (mm/dd/yyyy): \_\_\_\_\_

Term Based      **Note:** If Term Based or Aid Year Based Controls are checked, a Designator must be assigned for each FOAPAL below.

Aid Year Based

	Index	Fund	Orgn	Account	Program
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				
Designator	A:				
A/B Percent	B:				

## SECTION 3: REQUESTOR APPROVAL

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Reset