REQUEST FOR CHANGES IN SYSTEM TABLE

Date: _____

Requestor _____ 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 change load a new 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 Systems Manager	_____	_____	_____

Date Entered: _____
Initials: _____