



ACCOUNTING SERVICE REQUEST FORM Revised 06/30/2003

Questions? Send an e-mail to LStone@odu.edu

Send completed forms to: Data Control, Office of Finance, Rollins Hall

Administrative Services Use Only

Date		Reference #
Department Name		Budget Code
Person Preparing Form		Date Received
Telephone Number		Researched by
E-Mail Address		Type of Problem
Budget Code		Dollar Amount
Service Requested (be specific)		Processed
<input type="checkbox"/> Error correction (Attach screen print from FGITRND or FGIENCD) <input type="checkbox"/> Research and document charge (Attach screen print from FGITRND) <input type="checkbox"/> Liquidate encumbrance (Attach screen print from FGIENCD showing payment history) <input type="checkbox"/> Other:		RESPONSE SECTION: FROM:
Brief description of action requested:		

NOTE: Please keep a copy of this form when you submit it to Data Control. A photocopy of this form with an assigned reference number will be returned to the person submitting the Accounting Service Request. Please refer to this reference number if you need to inquire about the status of the request. The ASR number may also be reflected in Banner when corrections are made to your budget.