ACCOUNTING SERVICE REQUEST FORM (ASR) revised 07/18/2013

Research and document activity (attach appropriate screen prints from Banner)					
Departmental Use – complete all sections – <i>incomplete forms will be returned</i> .					
The ASR process is used for researching activity.					
Coding corrections must be submitted using an Interdepartmental Transfer (IDT) form.					
Date	Department		1		
Contact Name		Telephone #/e-mail			
Provide full details regarding the research requested.					
Fiscal Year	Original Doc # in Banner	Dollar Amount		Notes to	o assist research
Action Requested - Be specific and provide the appropriate back-up documentation. ASRs without back-up					
documentation will be returned without action.					
Justification/Reason					
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Additional information concer	ning your request that would	assist us in error	correction or re	esearchi	ing/documentation.
• Submit the completed ASR form and required support documentation via e-mail to <u>DataControlASR@odu.edu</u> .					
 Keep copies for your files. E-mail date is submission date. (E-mails received after 2:00pm will be considered received on the next work 					
day.)					
 Average processing time – 14 business days. 					
Questions about the ASR process may be addressed to <u>DataControlASR@odu.edu</u> or 757-683-3257. Please					
reference the assigned ASR number.					
The ASR number is reflected in Banner when corrections posted in Banner.					
	** Office of Finance Us		is Line**		
	Processed	Assigned to:			
Problem Type					
Response Section – completed by department assigned to resolve/research.					
Date Received			1		
Name of Person Responding		Department			