INDEX CODE REQUEST FORM

New Index Code Name: ________________________________________________________
(Maximum Length 35 Characters)

Estimated Annual Dollars to be recorded in the Index Code: $________

Requested or Suggested Index Code #: ______________________

Description of the types of revenues or expenditures that would be recorded in this index code:

Submitted By: ___________________________ ID#: ____________

Department: ___________________________ Date Submitted: ____________

Accounting Approval: _________________ Date Approved: ____________

New Index Code #: ______________________

Accounting Reason for Disapproval:

__________________________________________________________________________

__________________________________________________________________________