

DETAIL CODE REQUEST INFORMATION:

Title (30 characters maximum): _____

Purpose: _____

Title IV:

Fixed Charge Amount: \$ _____
(If applicable)

_____	_____	_____	_____	_____	_____	_____
INDEX	FUND	ORGN	ACCT	PROG	ACTV	LOCN

Requested by: _____

Extension: _____

Email Address: _____

Date: _____

FOR USBS USE ONLY:

DETAIL CODE ASSIGNED: _____

ACCOUNT A or B

_____	_____	_____	_____	_____	_____	_____
INDEX	FUND	ORGN	ACCT	PROG	ACTV	LOCN

_____	_____	_____
RULE CLASS 1	RULE CLASS 2	RULE CLASS 3

_____	_____
Processed by	Date

Submit completed form to bursar_ar@memphis.edu or deliver to 115 Wilder Tower.