



REQUEST FOR FUND CODE CHANGE FORM

(Please print in ink or type. Incomplete forms will be returned to Department.)

EMPLOYEE NAME(S)/POSITION(S): _____

EMPLOYEE NAME(S)/POSITION(S): _____

EMPLOYEE NAME(S)/POSITION(S): _____

EMPLOYEE NAME(S)/POSITION(S): _____

EMPLOYEE NAME(S)/POSITION(S): _____

EMPLOYEE NAME(S)/POSITION(S): _____

DEPARTMENT: _____

Current Funding Codes:

- 1. Funding Acct. #: _____ @ _____ %
2. Funding Acct. #: _____ @ _____ %
3. Funding Acct. #: _____ @ _____ %
4. Funding Acct. #: _____ @ _____ %
5. Funding Acct. #: _____ @ _____ %
6. Funding Acct. #: _____ @ _____ %
7. Funding Acct. #: _____ @ _____ %
8. Funding Acct. #: _____ @ _____ %
9. Funding Acct. #: _____ @ _____ %
10. Funding Acct. #: _____ @ _____ %

New Funding Codes:

- 1. Funding Acct. #: _____ @ _____ %
2. Funding Acct. #: _____ @ _____ %
3. Funding Acct. #: _____ @ _____ %
4. Funding Acct. #: _____ @ _____ %
5. Funding Acct. #: _____ @ _____ %
6. Funding Acct. #: _____ @ _____ %
7. Funding Acct. #: _____ @ _____ %
8. Funding Acct. #: _____ @ _____ %
9. Funding Acct. #: _____ @ _____ %
10. Funding Acct. #: _____ @ _____ %

Effective Date: _____

REQUESTED BY:

Department Head/Supervisor Title Date

Comments/Concerns: _____

HUMAN RESOURCES USE ONLY

Date EAN Generated: _____ Initials: _____