Clear Form

COA SEGMENT REQUEST

Requestor:_____ **Phone No:** _____

Requestor Email: _____

☐ **ADD NEW**

    ☐ **Fund** ☐ **Department** ☐ **Activity** ☐ **Combination Set**

    ☐ **Model After Existing #:**_____

    - **For Fund Group (provide first 2-4 numbers):**_____

Description:_____

Allow Budgeting: ☐ Yes ☐ No

Allow Posting: ☐ Yes ☐ No

Start Date: _____ **End Date:**_____

Related Fund #:_____

Combination Set:

  Entity:_____ **Fund (at least first two digits):**_____

  Department: _____ **Program(s):** _____

☐ **UPDATE EXISTING**

    ☐ **Fund** ☐ **Department** ☐ **Activity** **#:** _____

CURRENT Data	**Requested Change**
Description: _____	_____
End Date:_____	_____
Related Fund:_____	_____

☐ **REQUEST TO INACTIVATE/CLOSE**

    ☐ **Fund** ☐ **Department** ☐ **Activity** **#:**_____ **End Date:**_____

    ☐ **Combination Set:** _____

Additional Relevant Information:

_____

_____

_____

_____
Development Office
(If UTFI-related gift)

_____
Dean / Budget Director

_____
Campus Business Office
(If Non-UTFI related gift)

_____
Date

_____
Date

_____
Date