



UNIVERSITY OF NOTRE DAME

University of Notre Dame
Request for Account File Maintenance

DATE OF REQUEST: _____

REQUESTERS NAME: _____

DEPARTMENT: _____

PHONE NUMBER: _____

REQUESTERS E-MAIL ADDRESS: _____

FIRST ITEM

FOAPAL:

FUND _____ ORG _____ ACCOUNT _____ PROGRAM _____ ACTIVITY _____ LOCATION _____

DEPARTMENT: _____

PURPOSE & \$ VALUE: _____

- ERROR MESSAGE: _____ ASSOCIATION REQUIRED
_____ UNDEFINED FUND/ORG
_____ UNDEFINED ACCOUNT CODE
_____ FUND/ORG IS INACTIVE
_____ ACCOUNT CODE IS INACTIVE
_____ OTHER

ACTION TAKEN: _____

(Departmental Use Only)

SECOND ITEM

FOAPAL:

FUND _____ ORG _____ ACCOUNT _____ PROGRAM _____ ACTIVITY _____ LOCATION _____

DEPARTMENT: _____

PURPOSE & \$ VALUE: _____

- ERROR MESSAGE: _____ ASSOCIATION REQUIRED
_____ UNDEFINED FUND/ORG
_____ UNDEFINED ACCOUNT CODE
_____ FUND/ORG IS INACTIVE
_____ ACCOUNT CODE IS INACTIVE
_____ OTHER

ACTION TAKEN: _____

(Departmental Use Only)

Fax completed form to 574.631.4983 and we will respond within two (2) business days. If you need any assistance completing the form please call Donna Sheer at 574.631.7990.