



Dept. Name _____
Division _____
Prepared By _____
Date _____ Phone Number _____

REQUEST FOR OBJECT CODE SETUP

General Information

Fiscal Year _____	Effective From _____
Object _____	Effective To _____
Name _____	
Short Name _____	
Contact Code _____	Active <input type="checkbox"/>
	Budgeting <input type="checkbox"/>
Description	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>

General Options

FASB Class _____	Payroll <input type="checkbox"/>
1099 Income Code _____	Reimbursement Eligible <input type="checkbox"/>
Legal Services <input type="checkbox"/>	Reimbursable <input type="checkbox"/>
Operating _____	Eligible for Intercept Process <input type="checkbox"/>
Payment Lag _____	FACP Eligible <input type="checkbox"/>

Roll Ups

Object Class	Object Group
Object Category	Major CAFR Revenue Type
Object Type	Minor CAFR Revenue Type