**University of Arkansas for Medical Sciences
Request to Revise Chart of Accounts**
Requesting Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Requesting Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Manager Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Manger Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(required for departments within Hospital/Fund 113)

**Change Requested** **Account Name** **New** **Change** **Assigned Code**
 (Finance Office use)
Balance Sheet Account \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Revenue Account \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
Expense Account \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Sheet Account Reconciliation Assigned To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Finance Office use)
**Business Purpose for Change:**
Please include the following with your proposal:
\* A detailed description of the proposed account or change
\* A reason/purpose for the change
\* Any known system or interface impacts
\* Any benefits or improvements expected from the proposed change
\* Types of entries that will be posted to the account
\* Business area/fund usage (usage limited to specific funds, centers or
 groups of centers)

Route this form to : General Accounting, Slot 545
 Fax # 686-7566
 PearsonJoniL@uams.edu