**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](mailto:PearsonJoniL@uams.edu)