REQUEST FORM TO CREATE OR CHANGE AN ITEM TYPE

Request Date: __/__/____     Date needed: __/__/____

Is request for a departmental scholarship? _____ Yes _____ No

Check the appropriate box:

☐ Create NEW Item Type  ☐ Change Existing Item Type: Item Type # __________

Proposed Program/Course Title (29 characters): ________________________________

Change Effective date: __/__/____

ITEM TYPE REVENUE CODING

<table>
<thead>
<tr>
<th>Account (4 digits)</th>
<th>Fund (3 digits)</th>
<th>Program (1 digit)</th>
<th>Org (6 digits)</th>
<th>Project (7 digits)</th>
</tr>
</thead>
</table>

DEPARTMENT CONTACT INFORMATION

Department Name: ____________________________
Contact Name & Title: ______________________
Office Address: ____________________________
Phone Number: _____________________________
E-mail Address: _____________________________

DEPARTMENT ACCOUNTANT INFORMATION (IF OTHER THAN DEPT CONTACT)

Accountant Name: __________________________
Phone Number: _____________________________
Email Address: _____________________________

ITEM TYPE REQUEST DEPT. APPROVAL

Date: __/__/____
Name & Title: _____________________________
Phone Number: _____________________________
Email Address: _____________________________

DEAN’S APPROVAL SECTION:

DEAN’S SIGNATURE __________________________ APPROVED __/__/____

** PLEASE ALLOW FOR TWO-TO-FOUR WEEKS FOR PROCESSING YOUR REQUEST.

Submit APPROVED form to BURSAR’S Office

Email: scholarships@bussvc.wisc.edu

THIS SECTION FOR BURSAR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Item Type Description:</th>
<th>Item Type Number:</th>
<th>Origin ID:</th>
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</thead>
<tbody>
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Date created in ISIS: __/__/____

Last updated 05/13/11