

## UNIVERSITY OF MARYLAND STUDENT FINANCIAL SERVICES AND CASHIERING

Campus Address: Accounting Department 1110 Lee Building College Park, MD 0742 Fax # (301) 314-9098

## **SAR CHARGE/PAYMENT CODE INITIATION FORM**

Department/Unit:				
Request Type:	New	Revise	Transaction Code:	
<u>Transaction Code Information</u>				
Transaction Description (30 characters or less):				
Short Description (12 characters or less):				
Purpose/ Explanation:				
Workday Finance Account Information:	Company ID	Driver Worktag	Operational Worktag Ledger Account	
(Optional - Financial Aids)				
Financial Aid ID:				
Request By:	Request Date:			
Email:	Signature			
Department Head:	Approval Date:			
	Signature			
STUDENT FINANCIAL SERVICES AND CASHIERING - ONLY				
Date Received:		Assigned TCode:		
Staff Name:	Effective Date:			
		Signa	ture	