



ORGANIZATION CODE MAINTENANCE FORM (FTMORGN)

A. Complete for New Organization:

Organization Title: _____

Financial Manager: _____ ID: _____

Predecessor Organization: _____ Organization Code: _____

B. Security:

Employee Name	User ID (i.e. "jqpublic") Not UALR T#	Type of Access Q, P, or B
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Approvals:

Purpose: _____

Head of Organization _____ Date _____

Dean/Vice Chancellor _____ Date _____

AVCF/VCFA _____ Date _____

Financial Services Use Only

Organization: _____	Title: _____
Effective Date: _____	Predecessor Organization: _____
Financial Manager: _____	
Defaults: Fund _____	Program _____ DE: Y ___ N ___
Input by: _____	Date: _____