Print Form

LOUISIANA STATE UNIVERSITY

Louisiana State University
Finance & Administration
204 Thomas Boyd Hall

FDM REQUEST FORM – SALES ITEM, EXPENSE, LEDGER, REVENUE, SPEND AS 600

Request Date______________________ **Cost Center**__________________________________

Contact Name________________________________ **Phone**____________ **Email** ______________________

Change Type

☐ Add ☐ Update ☐ Delete ☐ Inactivate

Dimension

☐ **Sales Item**			
Driving Worktag		Revenue Category	
☐ **Expense Item**			
Expense Item Group		Spend Category	
☐ **Ledger Account**			
Ledger Account Summary			
☐ **Ledger Account Summary**			
Parent Ledger Account Summary			
Revenue Category			
Revenue Category Hierarchy			
☐ **Revenue Category Hierarchy**			
Parent Revenue Category Hierarchy			
☐ **Spend Category**			
Spend Category Hierarchy			
Procurement Usage	☐ Yes ☐ No	Supplier Invoice	☐ Yes ☐ No
Ad Hoc Payment Usage	☐ Yes ☐ No	Expense Usage	☐ Yes ☐ No
Trackable	☐ Yes ☐ No	Allocate Freight	☐ Yes ☐ No
Allocate Other			
Object Class Mapping		1099 Mapping		Commodity Code	
☐ SPA Notified for Object Class Mapping			
☐ **Spend Category Hierarchy**			
Parent Spend Category Hierarchy			

Purpose ____

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Routing and Approval Signatures – LSU		
Accounts Payable (*Expense, Spend)	Printed Name	Date
Payroll (*Spend)	Printed Name	Date
Procurement (*Spend)	Printed Name	Date
Financial Accounting & Reporting (*All)	Printed Name	Date