

# UNIVERSITY OF HAWAI'I ACCOUNT/RECORD MAINTENANCE CONTROL SHEET

(See reverse side for instructions)

ACTION:  NEW GL SL for: FUND: \_\_\_\_\_ APPRN: \_\_\_\_\_  
 CHANGE  FREEZE / DELETE

ACCOUNT GROUP DESCRIPTION: \_\_\_\_\_

OFFICE OF RESEARCH SERVICES ACCOUNT?  Yes  No COMMUNITY COLLEGE ACCOUNT?  Yes  No

CGS RECORD REQUIRED?  Yes  No

ATTACHED FMIS-21GLSL ACCOUNT CODE MAINTENANCE FORMS NUMBER OF FORMS: \_\_\_\_\_

### ATTACHED FMIS CGS RECORD MAINTENANCE FORMS (Check applicable forms):

- FMIS-1 CGS Account Record Maintenance Form (NUMBER OF FORMS: \_\_\_\_\_)
- FMIS-1BUD CGS Budget Maintenance Form
- FMIS-10 CGS Award Maintenance Form (AWARD REFERENCE: \_\_\_\_\_)
- FMIS-7 CGS Sponsor Maintenance Form

### ATTACHED SUPPORT DOCUMENTS (Check if applicable):

- CG Form 2 Cost Sharing Record
- PRIORAPP Prior Approval Form (White Copy)
- Sponsor Prior Approval (Copy)
- Indirect Cost Waiver (Copy)
- New SL for existing GL: copy of FMIS GL Screen 002
- New SL: Request to Use FMIS Rechg & Interdptl sales/chrg (JR)JV
- \_\_\_\_\_
- \_\_\_\_\_

### REQUESTOR

\_\_\_\_\_  
 PRINT NAME DEPARTMENT PHONE SIGNATURE DATE

### FISCAL OFFICER

\_\_\_\_\_  
 PRINT NAME DEPARTMENT PHONE SIGNATURE DATE

### CAMPUS BUDGET OFFICE / COMMUNITY COLLEGE ADMINISTRATION

UH Manoa / UH System /  
UH West Oahu / UH Hilo /  
CC Administration

\_\_\_\_\_  
 Department Print Name Phone Signature Date

### CENTRAL ADMINISTRATION (GALC or ORS)

Completed By:

\_\_\_\_\_  
 Print Name GALC / ORS Department Phone Signature Date

Reviewed By:

\_\_\_\_\_  
 Print Name GALC / ORS Department Phone Signature Date