

UNIVERSITY OF MIAMI
FRS BATCH REFERENCE INITIALS ID REQUEST FORM
FOR NON-SALARY JOURNAL ENTRIES

Submit and use this form for additions, changes or to inactivate Batch Reference Initials. NOTE that the Batch Reference ID is not the same as the PIDMS User ID.

To be completed by user requesting batch reference initials/changes (please type or print legibly):

Check one: **New** **Change** **Inactive**

(Existing Batch Ref ID) Employee Left Department/UM

 (Existing Batch ID)

New Contact Name/Phone for ID:

<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

UMID # Email address

Phone # Fax #

Department Name

Department/Sub-Dept. Number -

(See [Controller's Office Web Site](#): Accounting Information/Quick Links/Department & Sub-Dept. List by #)

Indicate type of input to FRS:

Manual Journal **Subsystem feed**

If Manual Journal, will cash transactions be created?

Yes **No**

Along with attaching backup documentation to this form, please include a brief explanation of the subsystem:

TO BE COMPLETED BY DEPARTMENT ADMINISTRATOR:

I authorize input of financial transactions in FRS with the batch reference initials ID approved by the Controller's Office.

Administrator Name Date:

Administrator approval signature _____

Please forward completed form to Nicolas Dabraio, phone 284-5717, fax 284-4850

The approved batch reference initials ID will be confirmed via e-mail.

- **For questions regarding cash journal entries, contact Financial Reporting at 8-5198**
- **Refer to Financial Policies and Procedures B016 Journal Entries**
http://www.miami.edu/finance/index.php/b_financial_accounting_and_reporting/
- **If requestor needs additional training on how to complete manual non-cash journal entries, contact the Controller's Office at 8-6148.**

TO BE COMPLETED BY CONTROLLER'S OFFICE ONLY AND RETURNED TO REQUESTOR WITH APPROVED INITIALS

Approved Batch Reference Initials (not on current list or 15 year master report) ____ ____ ____

Request completed by: _____ Date: _____