

ACCOUNTING SERVICE REQUEST FORM (ASR) *revised 07/18/2013*

**Research and document activity** (attach appropriate screen prints from Banner)

Departmental Use – complete all sections – *incomplete forms will be returned.*

*The ASR process is used for researching*

*Coding corrections must be submitted using an Interdepartmental Transfer (IDT) form.*

Date	Department	
Contact Name		Telephone #/e-mail

Provide full details regarding the research requested.

Fiscal Year	Original Doc # in Banner	Dollar Amount	Notes to assist research

Action Requested - Be specific and provide the appropriate back-up documentation. ASRs without back-up documentation will be returned without action.

Justification/Reason

Additional information concerning your request that would assist us in error correction or researching/documentation.

Submit the completed ASR form and required support documentation via e-mail to [DataControlASR@odu.edu](mailto:DataControlASR@odu.edu).  
 Keep copies for your files.  
 E-mail date is submission date. (E-mails received after 2:00pm will be considered received on the next work day.)  
 Average processing time – 14 business days.  
 Questions about the ASR process may be addressed to [DataControlASR@odu.edu](mailto:DataControlASR@odu.edu) or 757-683-3257. Please reference the assigned ASR number.  
 The ASR number is reflected in Banner when corrections posted in Banner.

**\*\* Office of Finance Use Only Below This Line \*\***

Reference # _____	Date Processed _____	Assigned to:
Problem Type		
Response Section – completed by department assigned to resolve/research.		
Date Received _____		
Name of Person Responding		Department