

CONFIGURATION MODIFICATION REQUEST

(Rev. 11/2/2015)



Complete the relevant sections below and route to the appropriate individuals for approval and processing. (See Configuration Modification Request Form [Instructions](#).)

FOR CHANGES TO CONFIGURATION ITEMS Complete Sections A, B and D

FOR CHANGES TO A BUSINESS UNIT (BU) Complete Sections A, C and D

Section A. Requestor's Information

Department BU Name:		Department BU #:
Requestor's Name:	Requestor's Email:	
Requestor's Phone #:	Date Submitted:	Date Needed By:
Is your Department currently working in FI\$Cal's Production environment? Yes No		

Section B. Configuration Item Modification

Change Type: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Inactivate	Priority: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Module:	Accounts Payable Accounts Receivable/Billing Asset Management Budgets
	Cash Management Commitment Control Customer Contracts Deal Management
	General Ledger Grants Labor Distribution Project Costing
	Purchasing
	Chart of Accounts
<i>(Any changes to BU, Fund, Program, or Subprogram can be submitted only by the Department of Finance (DOF). Department requests to change BU, Fund, Program, or Subprogram must have DOF approval prior to FI\$Cal processing the change(s).)</i>	

Configuration Item Name:

Change Description and/or Justification:

Attachments that are included with this submittal:

Any additional comments:

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Section C. Business Unit Modification

Change Type: Add* Inactivate Name Change Only **Priority:** Low Medium High

Current Business

Unit Name:

New Business

Effective

Unit Name:

Date:

**If you are adding a Business Unit, the Requestor will be contacted when additional information is required.*

Any Additional Comments:

Section D. Approvals and Processing

**Change Approver's
Name**

Title

**Change Approver's
Signature**

**Dept. or
Agency**

Date

**Additional Approver's
Name**

Title

**Additional Approver's
Signature**

**Dept. or
Agency**

Date

**Additional Approver's
Name**

Title

**Additional Approver's
Signature**

**Dept. or
Agency**

Date

**Change Coordinator's
Name**

Title

**Change Coordinator's
Signature**

**Dept. or
Agency**

Date

NOTE: *The Change Coordinator must have the proper user access and role mapping established prior to performing a specific configuration modification function.*