

**Chicago State University  
Controller's Office  
BANNER JOURNAL ENTRY FORM**

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Document Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date: \_\_\_\_\_

Journal Type: **Lock Change** (DEBIT) Please circle one **Key Payment** (DEBIT)

**DEBIT**

**CREDIT**

**Fund:** \_\_\_\_\_

1520M

Organization: \_\_\_\_\_

316909

Account: \_\_\_\_\_

0564

Program: \_\_\_\_\_

8E0

Amount: \_\_\_\_\_

Bank: \_\_\_\_\_

***Key Request:***

Key Recipient: \_\_\_\_\_ Key No. \_\_\_\_\_ Bldg. \_\_\_\_\_ Rm. \_\_\_\_\_ No. of Keys \_\_\_\_\_

Key Recipient: \_\_\_\_\_ Key No. \_\_\_\_\_ Bldg. \_\_\_\_\_ Rm. \_\_\_\_\_ No. of Keys \_\_\_\_\_

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***Lock change:***

Person Requesting: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

University Police  
#L10700-1300

\_\_\_\_\_  
Approved By: Fiscal Officer  
Contact Person: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

Questions regarding key request(s)  
Contact Toni McCoy-Smith at 12880 – FAX 3681 – Room O & M 210