



CHICAGO STATE UNIVERSITY

BANNER JOURNAL ENTRY FORM

Document Number: _____ - _____ - _____ Date: _____ - _____ - _____

Journal Type: _____ Lock Change _____ Key Payment

	Debit	Credit	Department Use Only
Fund:	_____	1520M	Amount: _____
Organization:	_____	316909	Bank: _____
Account:	_____	0564	
Program:	_____	8E0	

KEY REQUEST

(One key recipient per form)

Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____
Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____
Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____
Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____
Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____
Key Recipient: _____ Last Name First Name	Key No: _____	Bldg.: _____	Rm.: _____	Qty: _____

Lock Change: _____

Fiscal Officer: _____
Print Signature/Date

Notes: _____ Contact Person: _____
Office Ext.: _____

Issued by: _____ Date: _____

The key recipient accepts responsibility for the key(s) issued and understands it is unlawful to transfer the above said key(s). The key recipient further understands the Chicago State University policy relative to lost keys and acknowledges the sum of \$25.00 is due per key in the event of lost key(s). Key policy and procedures can be found at csu.edu/csupolice/key_policy.htm.

Received by: _____ Date: _____

Key(s) returned by: _____ Date: _____

Key(s) returned to: _____ Date: _____

Questions regarding key request: Contact Valarye A. Williams, vwilli40@csu.edu, ext. 3679 or fax 3681.

Note: An electronic copy will be retained for department records. Key Recipient will receive a signed copy for record retention