

BANNER JOURNAL ENTRY FORM

Document Number: _____ Date: _____

Journal Type: _____ Lock Change _____ Key Payment _____

	Debit	Credit
Fund: _____		1520M
Organization: _____		316909
Account: _____		0564
Program: _____		8EO

Department Use Only

Amount: _____

Bank: _____

KEY REQUEST

 (One key recipient per form)

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

Lock Change: _____

Fiscal Officer: _____

Print Signature/Date

Notes: _____

Contact Person: _____

Office Ext: _____

Email: _____

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 Dr. Aleshia Terry, aterry@csu.edu, ext. 3682 or fax 3681.
 Note: An electronic copy will be retained for department records.
 Key recipients will receive a signed copy for record retention.