



### Department Deactivation Request

To: Accounting Services

Date:

From:

Department Name

Contact Person:

Phone Number:

Fund:

Department Number:

Department Number Name:

Desired effective date that the department number should be deactivated:

NOTE: Summary Balance on GLOW **MUST BE 0.**

Make sure **NO** future transactions will need to post.

Example: procurement card, t-com, financial aid, postage, transportation

#### Accounting Use Only

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

Approved by: \_\_\_\_\_

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

Loaded by: \_\_\_\_\_

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