



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: