

# Speedtype Request Form

☐ Request a New Speedtype

Requested Name:

Reason/purpose  
for new speedtype:

☐ Change a Speedtype

Speedtype:

Description of  
change:

**ALL FIELDS REQUIRED**

Request Date:

Requestor Name:

Requestor Title:

Department ID:

Department Name:

Requestor Phone #:

Requestor E-mail:

Any restrictions:

If Yes, explain:

Description of  
Income (if any):

Description of  
Expenses:

Reconciler Name\*:

Reconciler Title:

\*Individual responsible for managing the day to day activity within the speedtype

Rollup Dept ID:

Rollup Dept Name:

Location Code:

Department Finance Manager Approval\*\*:

☐ Approved

☐ Not Approved

Name:

Title:

Date:

Electronic Signature

To add your electronic signature,  
click on "Tools" above, then  
expand "Sign and Certify". Select  
"Place Signature", then follow  
instructions given.

\*\* Department Finance Manager is the manager listed on the report.

**For General Accounting Use Only:**

☐ Approved

☐ Not Approved

Speedtype Assigned:

Date:

Electronic Signature

Rec'd by GA

Budget Office

ERP

Notified Requestor

Sent

Rec'd

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