

Cardinal FIN Default Coding

**To: Payroll Operations**

 **Department of Accounts**

**Fax: 804-225-3499**

**Agency Name:**

**Agency Number:**

**Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please use the following default coding for general ledger entries required outside of normal payroll processes:**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Bus Unit Fund Prg Acct Dept Project CC**

**Signature of Agency Fiscal Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**