

Department Request

Request for new Department

Request for Attribute Change

Make Department Inactive

Department Number _____

Date to Be Active _____

Department Name _____

Department address _____

Business Officer _____

Discipline Code _____

Purchase Approvals

Level 1

Name _____ AD ID _____

Name _____ AD ID _____

Level 2

Name _____ AD ID _____

Name _____ AD ID _____

Originator _____

Date

Area Security Officer _____

Date

AFRS Approvers _____

Date

AFRS Entry/Verification _____

Date