



Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

ACTIVITY CODE REQUEST FORM

General Accounting Office
3201 Arch St., 4th Floor, Suite 400
Fax (215) 895-1426

To be completed by P.I. / Cost Center Administrator:

Title of Activity Code _____
Purpose _____
Start Date _____ Stop Date _____

System Administrator Use Only
Activity Code

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Purpose _____
Start Date _____ Stop Date _____

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Activity Code

Prepared By:				
Mail Stop	Location	Telephone Number	Date	
P.I. / Cost Center Administrator			Vice President	
Name (printed)	Signature	Date	Name (printed)	Date
Director / Dean			Budget and Financial Planning Department	
Name (printed)	Signature	Date	Name (printed)	Date