Department of Veterans Affairs

Print Form

Version 2 - DEC 2010

BUDGET OBJECT CODE (BOCT) REQUEST FORM
SYSTEM: FMS

NAME OF PERSON MAKING REQUEST *(Last, first, middle initial)*	E-MAIL ADDRESS: WORK PHONE NUMBER	DATE OF REQUEST

For document tracking purposes please save the file with your last name, date, and unique alpha character (LASTNAME_DATE_ALPHA.pdf) and include the file name in the adjacent box.

TYPE OF REQUEST ☐ NEW ☐ UPDATE ☐ DELETE

REASON FOR ENTRY OR CHANGE:

	CLONE	BFY	BOCT	OBJ CLS	FED OBJ CLS	BOC PS IND	SUB BOC IND	1099 IND	TVL FLAG	BUDG FLAG	LMT	BOC POST FLAG	OBL= EXP BOC	REST LKUP FLAG	DEACTI-VATION DATE
01															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
02															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
03															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
04															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
05															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
06															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		
07															
Long Name:								Short Name					☐ APPLY TO ALL BFY's		

NAME OF OFP APPROVER / TITLE (PRINT)	SIGNATURE OF OFP APPROVER	DATE SIGNED
NAME OF FSC APPROVER / TITLE (PRINT)	SIGNATURE OF FSC APPROVER	DATE SIGNED

OFP DIGITAL SIGNATURE

FSC DIGITAL SIGNATURE

COMMENTS / NOTES: This section can be used to write additional notes or comments.