

ACCTS Department Setup Form

Please complete this form to get your Department set up to use the Cost Transfer module of ACCTS.

Please FAX the completed form to the Comptroller's Office, Attn: Pam Szakacs, 2.6593.

Full Department Name: _____

Common Department Abbreviation: _____

Department Code (Exec/Dept): _____ / _____

Primary contact for all ACCTS issues (general information, password distribution, training issues, etc.):

Name: _____

Title: _____

E-mail: _____

Phone: _____ FAX: _____

Secondary contact for all ACCTS issues (general information, password distribution, training issues, etc.):

Name: _____

Title: _____

E-mail: _____

Phone: _____ FAX: _____

Contact for receiving ADO10 turnaround documents:

Name: _____

Title: _____

E-mail: _____

Phone: _____ FAX: _____

Requested by:

Signature	Printed Name	Date
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