



## Instructions for Bill Code Action Form

Print the form on the following page and fill it in accordance with these instructions. All information must be legible. Please allow 10 days for processing by ITS. If you have questions or need detailed billing information, please contact the ITS Customer Service Center at **919-754-6000** or toll free at **1-800-722-3946**. The completed form must be mailed or faxed to:

<u>Address</u> Information Technology Services Attention: Budget, Cost Analysis and Reporting PO Box 17209 Raleigh, NC 27619-7209	<u>Fax</u> <b>919-754-6486</b>
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**Action Request:** Check the appropriate box. *Add*, to request a new computer account code; *Update*, to correct errors or make changes to specific items of an existing account code. *Delete*, to terminate an existing account.

**Customer Id:** Federal Id: Specify your business Federal Tax Identification Number.  
 Dept: Leave blank. The ITS representative will make the determination.

Appl: Leave blank when requesting to *add* a new code; or specify your assigned three character billing code when requesting an *update* or *delete*. ITS will assign new codes. If you have code preferences, please contact ITS representatives to confirm availability.

Agency Name: Specify your agency or business name.

**Accounting Distribution:** Specify the budget code in your chart of accounts from which invoices for this computer account will be paid by your organization. Enter your budget code in one of the four formats provided according to the type of accounting system used by your organization:  
 (1) Departmental Accounting System  
 (2) North Carolina Accounting System  
 (3) University Accounting System  
 (4) Other

**Source of funding:** Enter the estimated percentage (1% increments from 0% to 100%) of the ITS invoice for this bill code that you anticipate paying with Federal Funds, State Funds, and other Funds.

**Fiscal Officer Name:** Specify the *Last name, First name, Middle Initial, Title, and Telephone number, and email address* of your Financial Officer.

**Fiscal Officer Address:** Specify the mailing address (and *state courier number* where applicable) of your Financial Office for invoicing purposes.

**Application Title:** Specify the title of the application, project, department or other purpose for which this update form is being submitted. Specify "Administrative Computer Services" for generic purposes.

**ITS Service Provider:** Specify the Responsible Billing Area within ITS (i.e., Computing Services (CS), Enterprise Solutions (ES), Fiscal, etc.)

**Responsible for Application:** Specify the *Last name, First name, Middle Initial, Title, and Telephone number* of the person in your organization who will be responsible for administration of bill codes.

**Current Address:** Specify the mailing address (and *state courier number* where applicable) of the designated Responsible Person.

**Agency Certification:** Certification is mandatory for Adding, Deleting, and Updating codes. The Fiscal Officer's signature is required.

**Invoices are due and payable in full upon receipt.**

**ITS reserves the right to revoke access if billing and access conditions are violated.**

