



Application for Division of IT Departmental Account

Send completed form to: Division of Information Technology, 3142 TAMU, General Services Complex, Suite 2601.

Email: tamu-it-billing@tamu.edu Phone: 979.862.1797 Fax: 979.862.3971

Requestor Information

Date: _____ Requesting Department/Agency: _____

Request Type: New Change to this Existing Account Number: _____

Account Description/Remarks: _____

Account Expiration Date (if applicable): _____ Federally Funded? Yes No

FAMIS Funding Information

System Part: _____ Account: _____ Support Acct. or Project Number: _____

Spending Limit (optional): \$ _____

The account will deactivate if charges exceed this amount.

Billing Address

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

City: _____ State: _____ Zip Code: _____

Online Billing Information

Enter the UIN(s) and name(s) of those authorized to view online bills located at <http://onlinebills.tamu.edu>. One UIN is required, two or three are preferred. Email notifications are sent to each person when bills are ready for viewing.

	UIN	Name
Authorized User 1	_____	_____
Authorized User 2	_____	_____
Authorized User 3	_____	_____



Responsible Party, Account Owner or Supervisor

I believe to the best of my knowledge that funds are available to cover the cost of this account.

Name: _____ UIN: _____

Phone Number: _____ Email: _____

Signature: _____

Division of IT Only

Account: _____ Amount: \$_____ Total Amount: \$_____

Signature: _____ Date: _____