

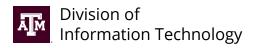
Authorized User 3

## **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	on					
Date:	Requesting Departmen	t/Agency:				
Request Type: New						
Account Description/Rea	marks:					
Account Expiration Date (if applicable):			Federally Funded?	Yes No		
FAMIS Funding Inform	nation					
System Part:	Account:	Support Acct.	or Project Number:			
Spending Limit (optiona	l): \$					
The account will deactivate i	f charges exceed this amount.					
Billing Address						
Address Line 1:						
Address Line 2:						
Address Line 3:						
Address Line 4:						
City:		State:	Zip Code:			
Online Billing Inform	ation					
Enter the UIN(s) and name(s	) of those authorized to view onlin	e bills located at http	://onlinebills.tamu.edu. One UIN is	required, two or		
three are preferred. Email n	otifications are sent to each perso	n when bills are ready	y for viewing.			
	UIN		Name			
Authorized User 1						
Authorized User 2						





Responsible Party, Acco	unt Owner or Supervi	sor		
I believe to the best of n	ny knowledge that func	ds are available to	o cover the cost of this account.	
Name:			UIN:	
Phone Number:		Email:		
Signature:				
	D	ivision of IT Only	у	
Account:	Amount: \$		Total Amount: \$	
Signature:			Date:	