



Division of Information Technology

Application for Department Account

Date	 New Request	 Change What is your CIS Acct. No.?	
Requesting Department or Agency			
Account Description/Remarks			
Expiration Date (if applicable)			

FAMIS Funding Information

System Part	Account	Support Account or Project Number
Enter an amount if you choose to set a spending limit. The account will deactivate if charges exceed this amount. \$		

Billing Address

City	State	Zip Code

Online Billing Information

Enter 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
UIN	Name
UIN	Name

Responsible Party / Acct Owner or Supervisor

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

Name	UIN
Signature	
Phone No.	Email

Internal Use Only

CLAIM Acct.	Amount	Total Amount
Signature		Date