

**REQUEST FOR USER AGENCY
IS&C PROJECT ACCOUNTING SYSTEM NUMBER**

Date: _____ **Agency:** _____ **Division:** _____

Address: _____

Agency Prefix _____ **Dept. Code** _____

System Name _____ **Subsystem Name** _____

LOG ON Prefix(s) Authorized to Utilize This PAS Number

PAS Number Requested By _____ **Telephone** _____

System/Subsystem Description: _____

(For IS&C Use Only)

AUTHORIZED PAS NUMBER ASSIGNED BY IS&C BILLING SECTION

PAS NUMBER _____ Is Assigned to Dept. Code _____

Agency _____

Billable _____ Non-Billable _____

Cost Center (If Non-Billable) _____

APPROVALS

DATE

Agency's Authorized Signature _____

IS&C Manager _____

Revenue Manager _____

Systems _____

IS&C Accountant _____

Please return this completed form to:

OT.Billing@wv.gov

Or Interdepartmental to:

*OT Billing
Bldg 5, 10th Floor*