DEPARTMENT OF ACCOUNTS
ACCOUNTS RECEIVABLE SECURITY AUTHORIZATION REQUEST

Requested Accounts Receivable Action: _____   **Date:** _____

Authorized User Name: _____   **Primary Agency No:** _____

Primary Agency Name: _____   **Tele. No:** (___) _____

Extension: _____

List other Agency Number(s) for which you will key data: _____

_____

_____

After completing this form, <u>mail</u> the completed form to: Department of Accounts, Accounts Receivable, P. O. Box 1971, Richmond, VA 23218-1971; <u>or send via interagency mail</u> to Department of Accounts, Accounts Receivable, Mailstop 151/02.

Authorized User:
I hereby certify that I will not allow another individual to know and/or utilize my access to Accounts Receivable Data Entry Application and that data keyed is accurate and complete.

_____   _____   _____
 Authorized User's Signature   Date   E-Mail Address:

Approving Supervisor:
I hereby certify that the above Authorized User is approved to enter data into the Accounts Receivable Data Entry Application and that the data is appropriately and independently reviewed.

_____   _____   _____
Approving Supervisor's Signature   Date   E-Mail Address:

To be completed by the Department of Accounts

Request Status: ☐ **Approved**
                       ☐ **Denied**
                       ☐ **Pending**

Comments: _____

_____

_____

_____   _____
DOA Accounts Receivable Security Officer   **Date**