Request for Online Bill Access / Cancellation

Date Requested:		Dept. Name:		
Requestor:	questor: Dept. Phone #:			
Access Request: By granting access to the online bill viewer, the viewer will automatically have access to view all bills for FOP's that contain their home ORGN.		Cancellation Request:  The only way to remove a viewer's access to view bills for FOP's that contain their home ORGN, is to remove their access entirely.		
FUND ORGN	PROG	Check this box to remove all access  FUND ORGN PROG		
		-		
		-		
Personnel to receive Access/Cancellation:				
	**Select One**			
Name:	O Access eRaid	der Username:	TechID:	
Name:	○ Access eRai	der Username:	TechID:	
Name:	O Access eRai	der Username:	TechID:	
Name:	O Access eRai	der Username:	TechID:	
Name:	C Access eRaid	der Username:	TechID:	
Signat	ure of Financial Manager			
Print Name:	ure of Financial Manager		Date:	
Signature Required:				
(Authorized Signature Required)  Please e-mail request to BillingSupport.CommSvcs@ttu.edu or mail to Mail Stop 1131 or Fax to 806-742-1343				
For Office Use Only:				
Emailed:				
Telesoft: Ente	ered By:	D	ate:	