

Memorandum



Date: _____

To: Marilyn Cruet, FAMIS Coordinator
Finance Department

From: _____, Department Director

Subject: FY 2012-13 – FAMIS Liaison and Authorized Signatures for Systems Security Access Form

Return by, Monday, September 17, 2012

Return form to Arlin Montero, Finance Department, 111 N.W. 1st Street, Suite 2620.

The department has designated the person listed below to act as FAMIS Liaison* for the 2011-12 fiscal year closing and the 2012-13 fiscal year:

NAME: _____

LOCATION:** _____

TELEPHONE: _____

DEPARTMENT
(Name and
FAMIS Code): _____

DIVISION:** _____

SECTION:** _____

* FAMIS Liaison is the individual who will be responsible for gathering and furnishing the information necessary for the Accounting Division to prepare the financial statements and who shall act as liaison for the 2012-13 fiscal year and will be notified of system availability during the year.

** If applicable.

******* Authorized Signatures for Systems Security Access Form *******

The individual(s) listed below are officially authorized by the department director to sign the Security Form to create, update, and/or delete FAMIS, Accounts Payable, and Construction Contract Payable system access for fiscal year ending September 30, 2013.

NAME TYPE OR PRINT	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____