

DATE:

Billing System Security Access Authorization

FORM 22-361-BILL-1

Upon completion of this form, please email to Doit.Billing@doit.nm.gov

AGENCY CODE:	AGENCY NAME:			
The Department of Information T System and may also be used authorization form for each individ	to update an existing custo	omer's account		
DolT's billing staff will notify your agency by email when the monthly billing is finalized, and invoices are ready for review. Please note DolT no longer "bursts" invoices attached to the email notification and customers must access the billing system to download invoices.				
Add or Change Request				
☐ New Account Request:	☐ Change to Existin	ng Account	☐ Deactivate Account	
Contact Information				
Contact Name:	Email:			
Address (City/Zip Code):	Phone (Office/Cell):			
	Billing Code(s	s)		
In this section, indicate the billing code(s), also known as consumer code(s), requested. If the individual requires access to all agency billing codes, include the business unit number and "ALL"; for example, 36100-ALL.				
Billing Code:	Billing Code:	Billi	ng Code:	
Billing Code:	Billing Code:	Billi	Billing Code:	
Billing Code:	Billing Code:	Billi	ng Code:	
Authorization				
DoIT requires authorization by a Billing System. Authorization can				
Approved by: (Required signature by Agency's CFO, ASD Director, CIO, or Cabinet Secretary)				
Print Name and Title:				