## DEPARTMENT OF GENERAL SERVICES OFFICE OF FISCAL SERVICES

## ADD REVENUE ACCOUNT CODE

DGS OFS 2047 (Rev. 07/2018)

| SECTION A - PROGRAM OFFICE             | CE CONTACT INFO       | KMATION                           |                         |                              |  |
|----------------------------------------|-----------------------|-----------------------------------|-------------------------|------------------------------|--|
| PROGRAM OFFICE NAME                    | U                     | JNIT NAME                         |                         |                              |  |
| PROGRAM OFFICE CONTACT NAME            | F                     | PROGRAM OFFICE CONTACT PHON       | E PROGRAM O             | PROGRAM OFFICE CONTACT EMAIL |  |
|                                        |                       |                                   |                         |                              |  |
| APPROVED BY                            | \$                    | SIGNATURE                         | TITLE                   | DATE                         |  |
| SECTION B -REVENUE ACCOU               |                       |                                   |                         | ,                            |  |
| ACCOUNT NUMBER (Assigned by Office     | of Fiscal Services)   | OFFICE NAME                       | FUND                    |                              |  |
| REVENUE TITLE                          |                       |                                   | EFFECTIVE DATE          |                              |  |
| SOURCE OF REVENUE                      |                       |                                   |                         |                              |  |
| SERVICE PROVIDED                       |                       |                                   |                         |                              |  |
| IS THIS A NEW SERVICE?                 |                       |                                   |                         |                              |  |
| Yes No                                 |                       | 050                               |                         |                              |  |
| WAS THIS PREVIOUSLY INCLUDED WI Yes No | TH AN EXISTING SERVI  | CE?                               |                         |                              |  |
| PRICE OF SERVICE                       |                       |                                   |                         |                              |  |
| SOURCE AND METHOD OF ACCRUAL           |                       |                                   |                         |                              |  |
| FREQUENCY (Select Only One)            |                       |                                   |                         |                              |  |
| Monthly                                | Quarterly             | Annually                          |                         | As Occurs                    |  |
| SECTION C - BILLED REVENU              | E                     |                                   |                         |                              |  |
| AVERAGE NUMBER OF INVOICES             |                       | AMOUNT OF REVENUE BI              | LLED                    |                              |  |
| CURRENT BILL TYPE                      | ADD NEW BILL TYPE     |                                   | LEGACY TRANSACTION TYPE |                              |  |
| BILLING MEDTHOD                        |                       |                                   |                         |                              |  |
| External Interface (Office             | e prepares invoices a | and sends text file to Service Re | evolving Fund)          |                              |  |
|                                        |                       | rvice Revolving Fund; Service I   | -                       |                              |  |
| SECTION D - UNBILLED REVE              | NUF                   |                                   |                         |                              |  |
| AMOUNT OF REVENUE GENERATED            | NOL                   |                                   |                         |                              |  |
| METHOD FOR CUSTOMERS TO REMIT          | •                     |                                   |                         |                              |  |
| Over the counter sale                  | Ma                    | ail payment with an order         | Other                   |                              |  |
| SECTION E - OFS BUDGET & F             | PLANNING SECTION      | N USE ONLY                        |                         |                              |  |
| REVIEWED BY                            |                       |                                   |                         | DATE                         |  |
| APPROVED BY                            |                       | SIGNATURE                         |                         | DATE                         |  |
| SECTION E ACCOUNTING US                | E ONLY                |                                   |                         |                              |  |
| SECTION F – ACCOUNTING US              | DE UNL I              |                                   |                         | DATE                         |  |
|                                        |                       |                                   |                         | -7 <u>-</u>                  |  |
| APPROVED BY                            | \$                    | SIGNATURE                         |                         | DATE                         |  |