

Letter of Authorization for Data Changes to CAPPS Financials, USAS, Business Objects

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Doc. #				
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SECTION I			
Agency name			Agency number
Agency contact		ACID or CAPPS User ID	Phone number
SECTION II		·	
Identify module	APPS Financials	☐ Business Objects	□ USAS
SECTION III			
Identify and describe data change	5		
Field to change	Field to change	Field to change	Field to change
Current value	Current value	Current value	Current value
Desired value	Desired value	Desired value	Desired value
SECTION IV			
Reason for request			
PRIORITY LEVEL:			
	ROCESSING (within 12 system hours)		
	PROCESSING (within 24 system hours		
I am authorizing the Com NOTE: No changes will be	nptroller's office to make the necessary be made until this signed letter of autho	changes described above. rization is returned.	
Authorized sig	nature		Date
sign here			
		For CPA use only	
Received by		Date	Time
Approved by		Date	Time
Agency representative notified		Date	Time
Completed by		Date	Time

FAX NUMBER: 512-475-0887 MAILING ADDRESS: P.O. Box 13528, Austin, TX 78711-3528

Instructions for Completing Letter of Authorization for Data Changes to CAPPS Financials, USAS, Business Objects

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.

To request information for review or to request error correction, use the contact information on this form.

For assistance in completing this form, please contact the Mainframe Production Support Help Desk at 512-463-4008 or the CAPPS Production Support Help Desk at 512-463-2277.

Please note:

- The Letter of Authorization (LOA) for Data Changes (Form 73-336) must be completed in its entirety. The form will
 be rejected and sent back to the agency if any information is omitted.
- Please print clearly or type the information on the form.
- This form should only be used for changes to USAS data or a USAS-related Business Objects Universe after consulation with Fiscal Management/Statewide Fiscal Oversight staff.
- Once completed and signed by an authorized agency representative, submit Form 73-336 to the Comptroller's office by any one of the following methods:
 - 1. Fax: 512-475-0887
 - 2. Mail: Texas Comptroller of Public Accounts

P.O. Box 13528

Austin, TX 78711-3528

3. Hand-deliver:

Texas Comptroller of Public Accounts LBJ State Office Building Fiscal Management/Mainframe Production Support Section 111 E. 17th St. Austin, TX 78774

Section I: Identifying Information

Complete all fields. In addition to entering your agency name and number, be sure to include a contact name, ACID or CAPPS User ID and phone number for the person that can be reached for questions regarding the agency's LOA.

Section II: Identify System

Place a check in the appropriate box(es) to identify the system(s) the agency uses.

Section III: Requested Changes

Complete all fields. Identify and describe requested changes in this section. Determine if actual effective date and transactions need to be changed or corrected. Include current values and the desired values for each field to change.

Section IV: Reason for Request

Describe the reason for the request. Attach supporting documentation to justify the requested changes.

Priority Level

Select the appropriate priority level for processing this request.

Signature Box

Sign and date in the space provided. The form must be signed by an authorized agency representative listed on the Letter of Authorization Signature List for CAPPS Financials, USAS, Business Objects Data Changes (Form 73-337).

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For tracking purposes each LOA is date and time stamped when received, approved and completed. If the agency is notified, this field reflects the date and time of the notification.