

WV State Budget Office - Address and Authorized Personnel Form

Name of Agency Head and Title:		Organization Number:
Department/Bureau Name:		IS&C Billing Number (PAS #):
Division Name:		
Street Address:		
Building/Suite/Room #:	City/State/Zip:	Do you receive Interdepartmental Mail? (Check one) YES _____ NO _____

PLEASE NOTE THAT THE FIRST PERSON LISTED WILL BE OUR PRIMARY CONTACT FOR ALL MAILINGS.

Authorized to receive:	Authorized Personnel and Title:	Include SSN on reports?		Telephone Number	FAX Number	E-mail Address
		Yes	No			
Approved WV11's <small>(Includes Social Security Numbers)</small>	1.*					
	2.					
	3.					
	4.					
Personal Services Expenditure Schedule Printouts <small>(Includes Social Security Numbers)</small>	1.*					
	2.					
	3.					
	4.					
Expenditure Schedules / Appro. Requests / Misc. Budget Info.	1.*					
	2.					
	3.					
	4.					
Payroll Information <small>(Includes Social Security Numbers)</small>	1.*					
	2.					
	3.					
	4.					
Narrative Information	1.*					
	2.					

Date:	Agency Head's Signature:
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