

AGENCY CONTACT DIRECTORY FORM
FOR STATEWIDE REPORTING AND ACCOUNTING POLICY
AS OF _____, 20

Agency Number _____ Agency Name

1. Journal Vouchers (J1, J2, J3)

Printed/Typed Name

Phone Number

2. Structure Documents (ORGN, BACC, AGCY, RSRC, OBJT)

3. Check Cancellation (CX)

4. Manual Warrants

5. Budgetary Documents (AP, EB, RB)

Printed/Typed Name

Phone Number

6. Non ISIS Warrants

7. Payments*

a) _____

b)

* - Please list the phone number to be used on vendor disbursement checks on line a). This phone number will be called by the vendor when they have a question about a payment issued by your agency. On line b) list an alternate number to call if no one can be reached using the first phone number.

Submitted By: _____ Date: