Department of Accounts
Confirmation of Agency Reconciliation to CARS Reports
Security Maintenance Form

To: Department of Accounts
Attn: General Accounting
Fax #: (804) 225-4250

From: Agency Name:_____

I hereby request to have security to the Confirmation of Agency Reconciliation system set up for my agency as specified below. I certify that this agency maintains a system of internal control over on-line access to the Confirmation of Agency Reconciliation system adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

Name _____ Fiscal Officer

Signature_____ Date_____

Function (A = Add, C = Change, D = Delete) ☐ User ID A G Y ☐☐☐☐

User Agency ☐☐☐ User Type: 1 – Submission and Reset Violation Counters ☐
2 – Submission Only

Last, First, Middle Initial

User Name

E-Mail Address

Phone Number ☐☐☐ – ☐☐☐ – ☐☐☐☐

Access Agencies

_____ _____
Data Entry by/Date DOA Approval/Date