

CUSTOMER IDENTIFICATION CODE REQUEST

OTECH 029 (REV. 11/2013)

To request a new Office of Technology Services (OTech) Customer Identification (ID) Code, please complete the fields below. Questions regarding this form can be directed to your OTech Account Management Representative at (916) 431-5454 or the Rates and Cost Recovery Section at (916) 431-4286 or ciobilling@state.ca.gov.

OTech Billing System

SY3 - SCO

CALSTARS

Will Mainframe Services be used?

Yes

No

Organization Name		Authorized Customer Signature	
Billing Address		Title	
City/State/Zip		Phone Number	Date
Attention		Project Name/Identification	
Email Address		OTech Account Management Representative	
Customer Information – Please provide any information you need printed on your invoice:			
Organization Type			
<input type="checkbox"/> State Government*	<input type="checkbox"/> Local Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Private Company
*All State Government agencies are required to pay through State Controller's Office (SCO) direct transfer. Please provide the necessary appropriation data below if your organization type is State Government.			
Fund Number	Sub Fund	Agency Code	
Fiscal Year	Reference	Program	
Category	Element	Component	
Task	Name and Phone Number of Accounting Contact (for questions regarding funding)		
Route to:			
Please route completed form to:		Date:	
Rates and Cost Recovery Section ciobilling@state.ca.gov			

(OTECH INTERNAL USE ONLY)			
Tasks			
Remedy Work Order - To be opened by Rates and Cost Recovery Section			
Security/RACF	Date:	PeopleSoft	Date:
Remedy	Date:	CDD/Customer Database	Date:
CSS	Date:	CalSTARS Table	Date:

CUSTOMER ID CODE REQUEST INSTRUCTIONS

OTech Billing System Check if services offered by OTech are being requested.

SY3-SCO The dedicated SY3 system at the Gold Camp location that is used only for State Controller's Office applications.

CalSTARS For the Department of Finance, CalSTARS system.

Using Mainframe Services: Yes or No

Organization Name Enter your organization name.

Billing Address Enter your billing address, including your room number or mail stop location, IMS code.

City/State/Zip Enter the billing address city, zip code.

Attention Enter the name of the person who will review and/or pay the invoices.

Email Address Enter the email address of the person who will review and/or pay the invoices.

Authorized Customer Signature Signature of authorized person.

Title Enter title of authorized person.

Customer Phone Number Enter phone number of authorized person.

Date Enter current date.

Project Name/Identification Identify the specific project or unit within an organization. This information is helpful in identifying costs for specific projects or units within an organization.

OTech Account Management Representative Enter name of representative.

Customer Information Enter any information you would like printed on your invoices such as a Purchase Order or Contract Number. This information will remain until OTech is notified to change it.

Organization Type Check the appropriate box for your organization.

Appropriation Data This information needs to be provided for all State Government agencies. It should be obtained from your department's accounting unit and will remain the same unless OTech is notified of any changes. The Fiscal Year appropriation will always be current year unless we are notified of a prior year appropriation.

Name and Phone Number of Accounting Contact This should be a contact for any problems that occur with the SCO direct transfer. This only pertains to State Government agencies.

Route Completed Form to:

Send via e-mail to: ciobilling@state.ca.gov.

Rates and Cost Recovery Section will review and assign the Customer ID. Rates and Cost Recovery will then create a work order and forward the tasks to the internal areas.

OTECH INTERNAL USE ONLY Do not complete.