

**BUREAU OF THE FISCAL SERVICE
FedInvest System Access Administrator Form**

Effective Date: "''''''" _____

Agency Name & Address

Agency Name			
Street Address: Line 1			
Street Address: Line 2			
City, State, Zip:			

1. System Access Administrator Information:

Name: (First, MI, Last)			
Job Title:			
Telephone Number:			
Fax Number:			
E-mail Address:			
System Access Administrator's Signature:			

2. Authorizing Official's Information:

Authorizing Official's Name: (First, MI, Last)			
Telephone Number:			
Email Address:			
Authorizing Official's Signature:			