



# FACILITIES & SERVICES

## INTERNAL CUSTOMER ACCOUNT REQUEST / CHANGE FORM

**NOTE:** This document authorizes Facilities & Services to charge the customer's SAP-FIS account noted below for goods & services provided. Details of F&S billing to a customer account can be displayed using SAP - F&S Customer Statement. The transaction code is "ZV37".

Finance & Administration  
Facilities and Services Department  
University of Toronto  
255 McCaul Street, Level 4, Toronto, ON, M5T 1W7  
T/P: (416) 946-5985. Fax: (416) 978-3920  
Email: arfacilities.services@utoronto.ca

Request for: New Customer A/C

Change to A/C Info  (Enter the existing customer # below)

Customer Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

### CUSTOMER INFORMATION (For A/C Changes, please enter the revised information)

Account Name: \_\_\_\_\_  
(Enter Division / College / Principal investigator / Capital Project # /Project Name/ F&S subdivision if applicable)

Faculty: \_\_\_\_\_

Dept/Division: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Room #: \_\_\_\_\_ Bldg #: \_\_\_\_\_  
(Street) (Building # where the project to be completed)

Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### ACCOUNTING INFORMATION (For A/C Changes, please enter the revised information)

GL Account #:

Cost Centre:  OR Internal Order/  
Project Number

Fund Centre:  Fund:

### AUTHORIZED APPROVAL

Name of Authorized Person	Title	Signature
Name of Authorized Person <small>(second signature if required)</small>	Title	Signature