



Use this form to request or modify access to Departmental Online Phone Bills, which are available through the my.pitt.edu web portal. This form must be completed and signed by the RC Financial Data Approver. If you want to grant a user access to only specific projects or purpose codes, indicate the 5 or 6 digit code in the relevant field. For blanket authorization to all GLs under an RC, enter the RC# and the appropriate user id(s). If not, enter 5 or 6 **X's** in the relevant field and initial the (\*\*) column. Please note this process may take up to three business days.

<b>User Information Key</b>				<i>To be completed by the requestor—please print clearly.</i>					
Key for Next Section	Name( Last, First)	Phone Number	University of Pittsburgh Account Username						
User 1									
User 2									
User 3									

Request Access for RC#	User 1	User 2	User 3						
<b>OR</b>									
<b>Request Access For:</b> <i>For each account listed, enter a (✓) for each user to receive access.</i>									
Entity (2)	Dept (5)	SubCode (4)	Purpose Code (5)	Project Code (6)	Reference Code (5)	**	User 1	User 2	User 3
<input type="checkbox"/> Initial here if you would like the user to have access to any new purpose or project codes created for this department number.									
<b>Remove Access For:</b> <i>For each account listed, enter a (✓) for each user to be removed.</i>									
Entity (2)	Dept (5)	SubCode (4)	Purpose Code (5)	Project Code (6)	Reference Code (5)	**	User 1	User 2	User 3
<input type="checkbox"/> Initial here if removing from all accounts for this department.									
<b>Person to contact once a change has been completed:</b>									
_____			_____			_____			
<i>Name</i>			<i>Phone Number</i>			<i>Email Address</i>			

*Please complete and scan and email to [itbilling@pitt.edu](mailto:itbilling@pitt.edu),*

*Questions: Contact the University's 24/7 IT Help Desk at 412-624-HELP (4357).*

*By signing below, I authorize Information Technology to grant or remove access to the indicated online telecommunications billing records for each individual listed on this form.*

\_\_\_\_\_  
*RC Financial Data Approver*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Department Name*