



Bill Source Setup Request Form

Submit request and related questions to billingarhelp@usf.edu
This request must be submitted from a valid USF email address.

No handwritten requests accepted.

Before completion and submission please review the [Non-Sponsored Billing and AR Manual](#) located on the [Billing and Accounts Receivable Page](#). The NSBIAR Manual should answer all your questions regarding this process. This request should also be submitted after all Education Business Activity set up is completed and an Approved EBA memo is received.

Please Complete This Section			
Operating Unit:		Fund Code:	
Department/Bill Source Description (30 Char):			
Projected Number of Invoices/YR:			
Desired Bill Source (3 letters):			
Completed EBA Request Attached? *			
Workflow Request Completed? *			
EBA Approval Memo Attached? *			
Chart field Request Attached? *			
Billing Specialist	Name: **	FAST User ID****	
Collector	Name: **	FAST User ID****	
Credit Analyst	Name: **	FAST User ID****	
Billing Inquiry Phone Number	Description: ***	Phone Number*****	

*These should already be completed and approved before submitting with this request. Workflow should already exist in system when submitting request. Missing documentation and workflow will cause a delay in processing this request.

** Please provide full name as it appears in the FAST System. If multiple Billing Specialists, Collectors, and Credit Analyst are to be added, provide the listing of the individuals in the email.

*** Please Provide either the Department Name or Employee Name.

**** This is NOT the Net ID. If unsure, please provide UID Number in this field.

***** This phone number is where customers will call to inquire about invoices received.

Department Contact (Submitter): _____

Fund Code Accountable Officer Signature: _____ Date: _____

DocuSign Signatures preferred. Please do NOT send directly from DocuSign. Download the signed copy and email with the required documentation.

Do Not Complete the Below - For Internal Use Only

Setup Value	Completed	Assigned Value(s)
Customer ID Schema		
Invoice ID Schema		
Bill Source		
Prepayment DST Code		
Prepayment Entry Type		
Prepayment Auto Entry Setup		
Returned Check Entry Type Reason		
Returned Check Item Entry Type		
Billing Specialist		
Collector		
Credit Analyst		
Billing Inquiry Phone		

Completed By: _____ Completed Date: _____