

CSeries Manual Check Request Form

Date: _____

To: OSC NCAS Support Services
Financial Systems Division
Office of the State Controller
Phone #: (919) 707-0795
Fax #: (919) 981-5561

From: _____
Name

Title

Agency

Phone

_____ authorizes the OSC to temporarily change the CSeries Manual
(Agency Name)

Check option to allow creating a manual check within the CSeries software.

We request this change for the following reason:

Disclaimer: Our agency understands that when requesting this manual check process, that the manual check must also be reflected in NCAS for positive pay purposes when using the State Treasurer. It is the responsibility of the individuals signing this form to make sure that the agency controllers, fical officers, AP supervisors, and other pertinent personnel are aware that this request has been made. Our agency accepts responsibility for any audit exceptions or other changes to its accounting records that may result from the processing of this request.

Signature: _____
Title: _____
Specify Date and Time
Changes Needed: _____
Date Requested: _____

FOR OSC USE ONLY

This change authorization form was received by:

Helpdesk Staff Member: _____ Date: _____

Time changed and agency notified: _____

Agency Personnel notified: _____

Time changed back: _____