

BRUIN ACCOUNT UPDATE REQUEST FORM

*** PLEASE ATTACH CURRENT INVOICE COPY ***
e-mail completed form to IOAT@usda.gov

NEW ACCOUNT <input type="checkbox"/>		MODIFICATION <input type="checkbox"/>		CLOSURE <input type="checkbox"/>		OTHER <input type="checkbox"/>	
SUBMITTED BY				CURRENT DATE			
REQUESTED / APPROVED BY				DATE OF REQ / APP			
TAX ID		72-0564834		ACCT OPEN DATE			
CLIENT (HIERACHY LEVEL 1)		USDA-UTILITIES		DIVISION / AGENCY (HIERARCHY LEVEL 2)		Animal and Plant Health Inspection Service (APHIS)	
SITE NAME (HIERARCHY LEVEL 3)				LOCATION NAME (HIERARCHY LEVEL 4)			
YEAR BLDG BUILT				BLDG SQUARE FEET			
STORE / BLDG NUMBER				COMPLETE LOCATION ADDRESS			
LOC. CONTACT NAME				CONTACT EMAIL			
CONTACT PHONE				CONTACT FAX			
AGENCY PAYMENT DATA							
FUNDS COMMITMENT DOC #				FUNDS COMMITMENT LINE ITEM #		% PAID	
ELECTRIC SERVICE							
UTILITY NAME				METER #			
UTILITY CONTACT				ACCOUNT #			
UTILITY PHONE				VENDOR CODE			
GAS SERVICE							
UTILITY NAME				METER #			
UTILITY CONTACT				ACCOUNT #			
UTILITY PHONE				VENDOR CODE			
WATER SERVICE							
UTILITY NAME				METER #			
UTILITY CONTACT				ACCOUNT #			
UTILITY PHONE				VENDOR CODE			
SEWER SERVICE							
UTILITY NAME				METER #			
UTILITY CONTACT				ACCOUNT #			
UTILITY PHONE				VENDOR CODE			
OTHER SERVICE							
UTILITY NAME				METER #			
UTILITY CONTACT				ACCOUNT #			
UTILITY PHONE				VENDOR CODE			
SPECIAL INSTRUCTIONS AND/OR UNUSUAL CIRCUMSTANCES (MULTIPLE METERS, NO GAS AVAILABLE, UPDATE LOCATION POC INFORMATION...)							

BRUIN Account Update Request Form – Completion Instructions

SUBMITTED BY	Person establishing the service
CURRENT DATE	Date requested
REQUESTED / APPROVED BY	Budget Officer (or approver for such actions based on agency business processes)
DATE OF REQ / APP	Date approved
TAX ID	USDA Tax ID number (72-0564834)
ACCT OPEN DATE	Date utility account was opened, if known
CLIENT (HL 1)	USDA-UTILITIES(always)
DIVISION / AGENCY (HL 2)	Animal and Plant Health Inspection Services (APHIS) (always)
SITE NAME (HL 3)	Program: Veterinary Services (VS); Plant Protection and Quarantine (PPQ); Wildlife Services (WS)
LOCATION NAME (HL 4)	Begins with the Region/Operation designation – HQ, NIES, OP, ER, WR Example: OP 1112 FL CENTRAL or STA TN BLDG 2000; Make sure HL4 is set up consistently within the program or reporting won't work properly!
YEAR BLDG BUILT	Useful for energy-saving projects, if known
BLDG SQUARE FEET	Required for energy reporting
STORE / BLDG NUMBER	Self-explanatory
COMPLETE LOCATION ADDRESS	To include, city, state, and zip
LOC. CONTACT NAME	Location Utility Coordinator
CONTACT EMAIL	Location POC
CONTACT PHONE	Self-explanatory
CONTACT FAX	Self-explanatory

AGENCY PAYMENT INFORMATION

Funds Commitment Document Number	Provide the FMFI Funds Commitment Document (FCD) number. Must be created prior to establishing new accounts in AXIS. FCD # is 10 digits and begins with a '76'. Example: 7600023242
Funds Commitment Line Item #	Annotate line item number that applies to this account. Must be 3 digits. Example: 001, 002
% Paid	Annotate how much the FCD and corresponding line item should pay towards the invoice. Example: 100%

Two lines have been provided for the FCD information, you to allow more than one line on a FCD to be charged. If additional space is needed, add to Comments at the bottom of the form.

UTILITY INFORMATION

UTILITY NAME	Same as on invoice
UTILITY CONTACT	Self-explanatory, if known
UTILITY PHONE	Self-explanatory, if known
METER #	Exactly as listed on invoice
ACCOUNT #	Exactly as listed on invoice