



Kuali Financial System (KFS) Service Billing (SB) Request Form

Please use this form to request to establish or delete a Service Billing Processor Role(13).

The Service Billing (SB) document (eDoc) is a restricted use document used for the billing of goods and services provided by a University department to another internal department, reflecting income to the provider and expense to the customer. These transactions are generated by the servicing department and do not require the approval from the expense department (after the SB is submitted, it is automatically approved and does not route). Upon authorization by General Accounting & Loan Collection (GALC), the Kuali Financial System (KFS) SB eDoc shall be utilized to record departmental recharge and/or interdepartmental sales/charge transactions for the KFS chart(s) and non-ORS account(s) by the authorized individuals identified below. The authorized Department through its Fiscal Administrator (FA) shall: Maintain on file at its fiscal office, all FA pre-approved formal agreements to charge departmental operational accounts; relevant supporting documentation for all KFS SB eDocs processed for the account; and be responsible for resolution of all rejected transactions.

To be completed by Department Fiscal Administrator requesting authorization to utilize the SB eDoc:

Department: _____ Chart-Org: _____
 Fiscal Administrator Name: _____ FO Code: _____
Last Name, First Name
 FA Email Address: _____ FA Phone: _____

Briefly describe the nature (purpose/primary activities) of the account(s) identified below:

Action (Add/ Delete)	Processor Name (Last Name, First Name)	Principal ID #	Principal Name	Chart Code	Account Number	Account Name

Fiscal Administrator Certification & Request:

I certify that use of the KFS Service Billing eDoc to record departmental recharge and/or interdepartmental sales/charge transactions for the specified account(s) shall meet all University, State and Federal requirements. The Department’s authorization to utilize the KFS Service Billing eDoc may be revoked for failure to comply with such requirements.

FA Signature: _____ Date: _____

Approved/Disapproved		
Director, GALC: _____	Signature: _____	Date: _____
<small>Print Name</small>		

*Return completed form to:
 General Accounting and Loan Collection ~ 1406 Lower Campus Road Bldg 171C Rm 41 ~ Honolulu, HI 96822*