



# AGENCY REQUEST / CHANGE FOR NOVITEX BILLING CODE

State Form 54695 (R / 11-14)  
INDIANA DEPARTMENT OF ADMINISTRATION  
PROCUREMENT DIVISION

### INSTRUCTIONS:

#### Agency request / changes for Novitex billing code.

**Request:** Reference existing Novitex billing codes / description for your agency. If a new billing code is required, please select the appropriate type for you business need. If fund may be used for Print or Mail select both, otherwise mark the appropriate category. If a billing code already exists, please provide it to the Customer Relations Representative at the time of creating the appropriate job ticket.

**Change:** In this section, please select one or more of these options for existing billing codes only.

#### Requestor Data: In this section, all lines that have an asterisk are required information in order for Novitex to process the request.

The information for this section refers to the previous fund center information associated with People Soft. This information is used to validate previous fund center information to the New Encompass fund information: If you do not know the previous billing information, please contact your Finance or Accounting Manager for assistance.

- \*Old Novitex billing code:
- \*Old People Soft Fund Center number:
- \*Old Project number:
- \*Old Activity:

Please provide the information at the time of creation of your mail or print job request. Note: Fund, Department, and Program name and/or number are mandatory or the job will not be accepted. The more information you provide will assist in accurate and expeditious billing.

- \*New Encompass Fund number:
- \*New Encompass Department number:
- \*New Encompass Program name and/or number:
- \*New Encompass Project number / data:
- \*New Activity number / data:
- \*Other field reference:

**Agency Approval:** Your respective Finance or Accounting Manager must sign off for approval of your request prior to submitting to Novitex for processing.

\*Represents the fields the requestor must complete in order to be processed by Novitex. Novitex will notify customer of change via e-mail, telephone or fax. New Billing Cards will be provided within forty-eight (48) to seventy-two (72) hours. Please e-mail completed form to: [novitexmailcenter@idoa.in.gov](mailto:novitexmailcenter@idoa.in.gov) or Fax to ATTN: MAIL CENTER MANAGER at 317-233-5978.

AGENCY REQUEST / CHANGES FOR NOVITEX BILLING CODE		
Request	Date (month, day, year)	
New Fund Billing Code: <input type="checkbox"/> Print <input type="checkbox"/> Mail <input type="checkbox"/> Both		
Change: <input type="checkbox"/> Change existing Billing Code <input type="checkbox"/> Deactivate Fund Account <input type="checkbox"/> Change Fund Account		
REQUESTOR DATA		
Name	Telephone number (    )	E-mail address
*Name of agency	*Name of department	
*New Encompass Fund number	*Old Novitex billing code	
*New Encompass Department number	*Old People Soft Fund Center number	
*New Encompass Program name and/or number	*Old Project number	
*New Encompass Project number / data	*Old Activity	
*New Activity number / data		
*Other field reference	Effective Date (month, day, year)	
AGENCY APPROVAL		
Signature of finance / accounting manager approval		Date signed (month, day, year)
TO BE COMPLETED BY NOVITEX ONLY		
PROCESS DATA		
New Novitex billing code		Enrollment / change completion date (month, day, year)