State of Rhode Island
Office of Accounts and Controls

RIFANS Add/ Change/ Delete User Form

Responsibility:

INFORMATION ON RIFANS USER REQUIRING RESPONSIBILITIES	
Last Name	***First Name***
Title	
Work Number	***Email Address***

ADD SPECIFIC ACCOUNT(S) TO THE USER GROUPS
Account Number(s)
Hierarchy Placement (Name of individual to whom transactions from the employee being added will route to by default)
Hierarchy Subordinates (Name of individuals that report to the employee being added)
Termination Date: of the person from RIFANS service and responsibilities

SETUP INFORMATION:	
Status	***P.O. Receiver Only***
	☐

RIFANS RESPONSIBILITIES:					
	0		0	General Ledger	0
Accounts Receivable:	***Reporting*** ☐	***User Access*** ☐	***Receipt Type***		

INFORMATION ON CFO/AGENCY REQUESTING UPDATE:	
Last Name	***First Name***
Title	
Agency 3 Digit Number	***Agency Name***
Work Number	***Email Address***

Save As

- *All forms must have approval of the Chief Financial Officer.*
- *Submit forms to the DOIT Service desk: ent.servicedesk@ri.gov*
- *You will be notified by the service desk when your request has been complete.*