

Office of the State Controller
North Carolina Accounting System

ACCOUNTING SYSTEM CHANGE NOTIFICATION

Department		Phone Number	
Contact Person		E-Mail	
Project Name		Date Submitted	

ACCOUNTING SYSTEM CHANGE NOTIFICATION CHECKLIST

<p>1. Type of Request</p> <input type="checkbox"/> New System <input type="checkbox"/> Modification to Existing System <input type="checkbox"/> Accounting Procedure <input type="checkbox"/> Draft Copy Attached <input type="checkbox"/> To Be Written <input type="checkbox"/> E-commerce Initiative <input type="checkbox"/> Other: _____	<p>2. Stage of Request</p> <input type="checkbox"/> Project Planning <input type="checkbox"/> Conceptual Design <input type="checkbox"/> Business Requirements Analysis <input type="checkbox"/> Other: _____
<p>3. NCAS Financial Systems Master Plan Review</p> <p>Was the Financial Systems Master Plan consulted for inclusion criteria? Yes _____ No _____</p> <p>Have NCAS standard data definitions and uniform data classifications been incorporated? Yes _____ No _____</p>	
<p>4. Accounting System(s) Involved</p> <input type="checkbox"/> Financial - General Ledger, Accounts Receivable, Fixed Assets, Budget, Other _____ <input type="checkbox"/> Procurement - Purchasing, Accounts Payable, Inventory _____ <input type="checkbox"/> Agency Financial Subsystem - (i.e., Student Management, Client Eligibility, Patient Billing) _____ <input type="checkbox"/> Human Resource - Payroll _____ <input type="checkbox"/> Other _____	
<p>5. Technical Environment Proposed</p> <input type="checkbox"/> Mainframe <input type="checkbox"/> Client Server <input type="checkbox"/> Internet <input type="checkbox"/> Other _____	
<p>6. Funding Method to Accomplish System Change</p> <input type="checkbox"/> In-House <input type="checkbox"/> Transfer from Other Agency <input type="checkbox"/> State Appropriation <input type="checkbox"/> e-Grant <input type="checkbox"/> Other _____ Estimated Cost: Software: \$ _____ Hardware: \$ _____ Services: \$ _____	
<p>7. Brief Description of New System, Change, or Accounting Procedure</p> <p>_____</p>	
<p>8. Current Process for Updating NCAS</p> <input type="checkbox"/> Manual Entries <input type="checkbox"/> Automated Interface Name of Interface: _____ <input type="checkbox"/> Direct Entry into NCAS Applications: _____	<p>9. Impact on Internal Controls</p> <input type="checkbox"/> Current Internal Control Level Maintained <input type="checkbox"/> Improved Level of Internal Controls
<p>Proposed Process for Updating NCAS After System Change</p> <input type="checkbox"/> No Change (See Above) <input type="checkbox"/> Manual Interface <input type="checkbox"/> New Interface Briefly Describe Interface Requirements: _____ _____ <input type="checkbox"/> Direct Entry into NCAS Applications: _____	
<p>10. State CIO Project Approval</p> <p>If applicable, has information concerning this project been forwarded to the State CIO for technical review and project approval?</p> <p>Yes _____ No _____ Expected date submitted/to be submitted to SCIO for project approval _____</p>	
<p>11. Certification</p> <p>I have reviewed and certify that the above request is in conformance with management's policies and legal requirements and herewith request approval in accordance with G.S. 143B-426.39</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Chief Fiscal Officer</p>	