

Summary Number Application

The Summary Number Application may be used by state agencies (and/or higher education institutions) to request a new summary number or to make changes (including renewal or inactivation) to an existing preapproved summary number. **Each Summary Number must be renewed every two years.**

Section 1 Type of Application

- Check one: (a) New application (Complete Sections 2, 3 and 4)
 (b) Change summary number information (Complete Sections 2, 3 and 4)
 (c) Renew summary number (Complete Sections 2, 3 and 4)
 (d) Inactive summary number (Complete Section 4)

Summary number (11 digits): _____
Required for: (b) Change; (c) Renew; (d) Inactive

Section 2 Agency Summary Number Information (Required)

1. Agency name		2. Agency number	
3. Detailed description for the purpose of the summary number			
4. Summary number T-code to be used when issuing payments (USAS 28A). Select one of the following: <input type="checkbox"/> 234—V/P Summary Payee Suspense Fund Collections <input type="checkbox"/> 245—V/P Expenditure Summary Payee Number <input type="checkbox"/> 255—V/P Refund of Rev—Summary Payee Number <input type="checkbox"/> 258—V/P Summary Payee Suspense Funds Refund—Rev		5. Comptroller object code to be used	
6. Federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, CFDA number: _____		7. Annual volume (approximately how many payees)	
8. Maximum one-time payment amount per payee (\$200 max for non-federal funds)		9. Projected end date of use, if applicable	

Section 3 Address of Requesting Agency (Required)

10. Agency address		
11. City	12. State	13. ZIP code

Section 4 Chief Financial Officer's Contact Information & Signature (Required)

14. CFO's Name – (Must Print)	15. CFO's Phone (area code and number)
16. CFO's Email	17. Agency FAX (area code and number)
18. CFO's Signature & Certification	19. Date

I certify that the information provided on this form is true and correct. This agency agrees to adhere to the use, purpose and limitations of the assigned Summary Number. I understand that any violation of this agreement may result in inactivation of the Summary Number without notice from the Comptroller's office.

Section 5 For Comptroller Use Only

Approved Disapproved (explanation) _____

Submit to:

Texas Comptroller of Public Accounts—Fiscal Management—Payment Services		
Mail: P.O. Box 13528 Austin, TX 78711-3528	FAX: (512) 475-5424	Email: tins.mail@cpa.texas.gov

Instructions for the Summary Number Application

Section 1 — Type of Application (Required)

Checkboxes (a)–(d): Select only one checkbox indicating the desired action.

Summary number: If checkbox (b), (c), or (d) is selected, also provide the 11-digit Summary Number.

Section 2 — Agency Summary Number Information (Boxes 1-9 are Required)

Box 1. Agency name

Enter the name of the requesting state agency.

Box 2. Agency number

Enter the 3-digit agency number associated with the agency name.

Box 3. Detailed description for the purpose of the summary number

Enter an explanation of the intended use for the summary number or the program associated with the request.

Box 4. Summary number T-code to be used (USAS 28A)

Select only one of the four T-codes provided — no other T-code may be used when issuing payments with an approved summary number.

Box 5. Comptroller object code to be used

Enter the 4-digit code associated with the COBJ field in USAS, located on the D10 comptroller object profile screen.

(Submit a separate application form for each comptroller object code used.)

Box 6. Federal funds

Select “yes” or “no” to indicate whether the requesting agency is receiving federal funds for the program associated with the application. If “yes”, enter the associated CFDA (Catalog of Federal Domestic Assistance) number.

Box 7. Annual volume

Enter an approximate number of payees expected to receive a one-time payment under this summary number.

Box 8. Maximum payment amount per payee

Enter the maximum payment amount per payee. If “no” was checked in box 6, the amount must not exceed \$200.

Box 9. Projected end date of use, if applicable

List the last date the summary number is expected be used. If there is no end-date, enter N/A.

Section 3 — Address of Requesting Agency (Boxes 10-13 are Required)

Box 10. Agency address

Enter the mailing address of the requesting state agency.

Box 11. City

Enter the city of the requesting state agency.

Box 12. State

Enter the state of the requesting state agency.

Box 13. ZIP code

Enter the ZIP code of the requesting state agency.

Section 4 — Chief Financial Officer's Contact Information (Boxes 14-15 and 18-19 are Required)

Box 14. CFO's Name

Enter the name of the requesting agency's CFO.

Box 15. CFO's Phone Number

Enter the area code, phone number and extension (if applicable) of the agency's CFO.

Box 16. CFO's Email (Optional)

Enter the email address of the requesting agency's CFO.

Box 17. Agency FAX (Optional)

Enter the area code and FAX number of the requesting agency's CFO.

Box 18. CFO's Signature & Certification

Signature of the requesting agency's CFO certifying that: The information provided on this form is true and correct. The agency of the person signing agrees to adhere to the use, purpose and limitations of the assigned Summary Number. The person signing understands that any violation of this agreement may result in inactivation of the Summary Number without notice from the Comptroller's office.

Box 19. Date

Enter the date the form is signed and submitted.

Section 5 — For Comptroller Use Only

Do not use this section; for Comptroller's office use only.