



**Department of Finance & Management**  
**Authorized Agent(s) for VISION Chartfield Requests**

E-Mail: [VISION.ChartfieldRequests@vermont.gov](mailto:VISION.ChartfieldRequests@vermont.gov)  
 Fax: (802) 828-0374

**Purpose:** For Business Managers to identify Authorized Agents for submission of the VISION Chartfield Request Form (Form AA-F-VCF1). Authorization expires at the end of each fiscal year and must be renewed annually.

**Instructions:** Enter the name and email address of individuals who are authorized to submit Form AA-F-VCF1 to the Department of Finance and Management.

Check one of the following checkboxes, as appropriate:

- Renewal - Select if the individual is being renewed from a previous fiscal year
- Add - Select if the individual is being added as an authorized agent
- Cancel - Select if the individual will no longer have access as an authorized agent

<b>Department Name</b>	<b>Business Unit(s)</b>

The undersigned employees are hereby authorized to submit the **VISION Chartfield Request Form (Form AA-F-VCF1)** as Authorized Agents.

Name	Email Address	Renewal	Add	Remove
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more names are needed please complete a separate form.

**Effective Date:**

For annual renewals, enter the first day of the fiscal year. For all others, enter the applicable effective date. All forms expire on June 30 and must be renewed annually.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Business Manager Name *</b>	<b>Title</b>	<b>Date</b>

\* Must be completed by the primary business manager for the Business Unit(s).