



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

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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

Department Name	Business Unit(s)

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"/>
Business Manager Name *	Title	Date

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