

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PROGRAM SUPPORT CENTER

**PSC REVENUE, INVOICING AND COST ESTIMATION SYSTEM (PRICES)  
EMPLOYEE ACCESS REQUEST**

NAME <i>(Need access)</i>		SERVICE/DIVISION	ROOM NUMBER
ADDRESS	PHONE NUMBER	E-MAIL ADDRESS	
AUTHORIZING OFFICIAL		TITLE	DATE

**INSTRUCTIONS:** The following information must be completed and submitted by either the *Service Director, Division Director or Cost Center Manager*.

ACCESS IS NEEDED FOR *(check appropriate box)*:

PRICES                       Fee-For-Service                       On-Line Viewer                       FAMP

Please forward the completed form via e-mail to [prices@psc.gov](mailto:prices@psc.gov). Once access has been granted, the Cost Center Manager and Employee will be notified.

If you have any questions, please call the PSC Business Office at (301) 443-0034.

**For use by PSC Business Office**

Date Request Received:

Date Request Completed: