

DEPARTMENT OF EDUCATION GRANTS ACCOUNTING SYSTEM ACCESS FORM

SYSTEM NAME:
CONSOLIDATED APPLICATION
COORDINATOR (S):EMAIL ADDRESS:
EMAIL ADDRESS:
CONSOLIDATED APPLICATION
SUPERINTENDENT (S):
EMAIL ADDRESS:
NEW CAODS Burning (S)
NEW GAORS Preparer (S): EMAIL ADDRESS:
NEW GAORS SUBMITTER (S):
EMAIL ADDRESS:
DAVOICE ADDITION
INVOICE APPLICATION PREPARER (S):
PREPARER (S): EMAIL ADDRESS:
INVOICE APPLICATION
SUBMITTER (S): EMAIL ADDRESS:
CHANGE AND/OR DELETE: (Circle one)
PREPARER (S):
SUBMITTER (S):
NOTE: This access will allow budgets, invoices, requisitions and reports to be filed
electronically via the Internet. Please provide up to two preparers and two submitters.
Submitters can also prepare and submit forms. We recommend the assigned personnel be in
your accounting management area.
If you have questions concerning this matter, please email boost@georgiavoices.org to assist you with this form and to get it submitted to GaDOE Grants Accounting at for processing.
SUPERVISOR SIGNATURE:

TELEPHONE NUMBER:
DATE.