

ACCOUNTS RECEIVABLE INVOICE FEED FILE REQUEST FORM*

*Form to be used for local units wishing to develop a feed for processing invoices

Prior to completing this form, please read through the:

ACCOUNTS RECEIVABLE STANDARD INVOICE INTERFACE FILE SPECIFICATION

Please call Kathy Hallmann at 617-495-4598 to obtain a copy

Department: _____

Tub-Org Values: _____

Business Owner: _____ Phone: _____ email: _____

Technical Owner: _____ Phone: _____ email: _____

1-) Are you currently using the AR system to bill external customers? (check one)

Yes
No

2-). If you are currently using AR, will the feed handle only current volumes of billing you are entering manually or are you adding to the volume? If you are not currently invoicing customers using Oracle AR, briefly describe your current billing process.

3-). For what goods and/or services will you be billing through Oracle AR?

4-). Who will you be invoicing?

Faculty and Staff

Individuals

Colleges/Universities

Corporations

Hospitals

Other, (please explain)

AR is used only for billing external customers-student billings and interdepartmental billing are separate billing systems within the University

5-). Do you know how many **new** (not previously billed) customers you will be invoicing monthly? Please provide an approximate number. (Choose one):

Unsure

1-10

10-30

30-50

50-80

80-100

100+

6-). Please provide estimated Number and Frequency of Feed Files per Month

7-). Please provide estimated Number of Invoices per File:

8-). Please provide average number of Invoice Lines per Invoice:

Shadow System Information

9-). What is the name of your local shadow system from which you plan to extract AR Invoice information?

10-). Is this a :(check one)

Harvard-built custom system

External-built custom system

A Purchased system, no customization

A Purchased system, customization by external consultants

A Purchased system, customization by Local Unit's IT Staff

Other _____

11-). If you have an in-house programmer or IT manager who maintains and supports this local system, please provide:

Name: _____

Phone: _____

Email: _____

12-). What type of computer or server does you local shadow system run on? (Sun Unix Server, Windows PC, NT Server, etc...) Please include operating system/version information as well.

13-). Which programming language and/or RDBMS is your local shadow system built upon?

14-). Can the computer or server that your local shadow system runs on be configured with new software (F-Secure SCP) to transmit files to other computers in the Harvard network?

15-). Are software changes (enhancements, upgrades, bug fixes, etc...) deployed onto a test system for testing and end-user approval received prior to making the changes to your local production system?

Yes No

16-). Does your IT department have direct access to the source code for your local shadow system?

Yes No

17-). Can your local shadow system be modified in order to incorporate Accounts Receivables' Customer/Address/Contact Information?

Yes No

Please make any comments you may have here:

Please fax or send this document to the attention of Kathy Hallmann, Accounts Receivable Specialist:

Fax: (617) 496-5632

University Mail: 1033 Massachusetts avenue, 2nd floor

Accounts Receivable will acknowledge receipt of this request within 3 business days.

The appropriate technical and functional managers shall review this form over the next two weeks at which time the business owner will be contacted.