



Commonwealth of Massachusetts

OFFICE OF THE COMPTROLLER

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COMPTROLLER

MMARS Interface Request

Department Contact Information

Department			
Business Contact Name		Technical Contact Name	
Address		Address	
City, State Zip		City, State Zip	
Phone		Phone	
Email		Email	
Approver Contact Name		DSO Contact Name	
Address		Address	
City, State Zip		City, State Zip	
Phone		Phone	
Email		Email	

Technical Information

MMARS Transaction Code		Request Type	<input type="checkbox"/> New <input type="checkbox"/> Recertification
MMARS Unit Code		Estimated Interface Start	Date: ___/___/_____
Estimated Annual Volume		Source Application	
Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Biannually or Annually <input type="checkbox"/> Other: Specify _____	Location of Application	<input type="checkbox"/> Inside Magnet <input type="checkbox"/> Outside Magnet Accreditation(s) <input type="checkbox"/> FEDRAMP <input type="checkbox"/> SOC 2 <input type="checkbox"/> Other: Specify _____
Return File?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Interchange Setup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Justification:
Description of Technical Resources:
Description of Technical Application Environment:
Declaration of Department's long term commitment: (Please check both) <input type="checkbox"/> The Department agrees to pay costs associated with development and long term maintenance of this requested interface, and <input type="checkbox"/> Preserve a comprehensive working knowledge of the state's financial application, interface system, policies and procedures

(Name / Title / Telephone Number)