

FY 2025 GAAP Information Request Form

1. Business Area

- **Business Area:** _____

2. Agency Information

- **Agency Name:** _____
- **Mailing Address:**
Street: _____
City: _____ State: _____ Zip Code: _____

3. Primary GAAP Coordinator

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

4. Secondary GAAP Coordinator

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

5. Grant Coordinator

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

6. Bank Account Coordinator

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

Please send to financialreporting@dfa.ms.gov