



**OFFICE OF THE STATE AUDITOR  
WVFIMS WEB REPORTS REQUEST FORM**

Employee Name:		Title:	
Epics Employee #	Mother's Maiden Name:	Email:	
Agency Name:		WVFIMS User ID:	
Agency Address 1:		State Organization Number:	
Agency Address 2:		Office Phone #:	
City:	State and Zip Code:	Office Fax #:	

\_\_\_\_\_  
Agency Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Head email

**EMPLOYEE MUST HAVE A MYAPPS ACCOUNT.  
THIS FORM MUST BE SIGNED AND MAILED TO ACCOUNTING SECTION.**

Attn: Accounting Section  
West Virginia State Auditor's Office  
State Capitol Complex Building 1 Room W -144  
Charleston, WV 25305