



Commonwealth of Massachusetts

OFFICE OF THE COMPTROLLER

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ANDREW W. MAYLOR
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	() New () Recertification
MMARS Unit Code		Estimated Interface Start	Date: ___/___/___
Estimated Annual Volume		Source Application	
Frequency	() Daily () Weekly () Quarterly () Monthly () Biannually or Annually () Other: Specify _____	Location of Application	() Inside Magnet () Outside Magnet
		If outside MAGNet	Accreditation(s) () FEDRAMP () SOC 2 () Other: Specify _____
Return File?	() Yes () No	Is Interchange Setup?	() Yes () No

Business Justification:

Description of Technical Resources:

Description of Technical Application Environment:

Declaration of Department's long term commitment: (Please check both)

- () The Department agrees to pay costs associated with development and long term maintenance of this requested interface, and
() Preserve a comprehensive working knowledge of the state's financial application, interface system, policies and procedures

(Name / Title / Telephone Number)