

EPES WEB BASED ACCOUNTING

THE FOLLOWING INFORMATION IS REQUIRED FOR THE EPES STAFF TO INITIALIZE YOUR ACCESS TO THE WEB BASED ACCOUNTING SOFTWARE.

PLEASE SUBMIT THE FOLLOWING INFORMATION BY FAX (918-366-4455) OR EMAIL TO: webenroll@epes.org

Current Date _____
Date Requested to access Web Accounting _____

District Name _____

School Name _____

Address _____

City _____ **State** _____ **Zip** _____

User Name _____

Email Address _____

Phone # _____ **Ext** _____

(District contact needs to be someone that can make financial decisions.)

Secondary Contact (if applicable)

User Name _____

Email Address _____

Phone # _____ **Ext** _____

What are your Current Fiscal Dates? _____

ENROLLMENT INFORMATION IS REQUIRED FOR EACH SCHOOL IN YOUR DISTRICT WANTING TO UTILIZE EPES WEB ACCOUNTING.

PLEASE SUBMIT A FORM FOR YOUR DISTRICT AND A FORM FOR EACH SCHOOL / SET OF BOOKS.