

DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
P.O. Box 12599-0599, Kansas City, MO 64116
Production.Support.Section@fiscal.treasury.gov

Date Completed: _____

g. Information

Full Legal Name - First:_____ Middle:_____ Last:_____

Agency:_____ Bureau:_____ Division: _____

Phone Number:_____ E-mail:_____

Original	Designation Update (Comments Required)	Revocation
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Comments:

Fiscal Service Application(s) Designation Applies to, e.g., SPS, ITS, ASAP:

By signing below, I affirm I completed the Fiscal Service Certifying Officer Training on* _____
Date

Note one: To submit digitally, both the designee and designator must digitally sign.

Note two: If digitally registered and INK memo authority is needed, please print your digital request, provide two signature samples, scan, and submit via the registered designee e-mail. A designator ink signature is not required for a registered user to submit optional INK signature samples via their registered e-mail.

d.2. Ink Signature Samples

OR

e. Designation

In accordance with the authority vested in me by the head of this agency or his/her designee, I hereby designate to the individual whose name and signature samples appear above, the authority to act as a Data Entry Operator, effective _____

Date

f. Signature

Option one: To submit digitally, both designee and designator **MUST** digitally sign and then e-mail the digitally signed document for processing.

Option two: To submit with ink signatures, both the designee and designator must ink sign and then mail the original document for processing.

f.1. Digital Signature

f.2. Ink Signature

OR

Full Name:*

Agency:*

SECTION III – POINT OF CONTACT

g. Information

Name:*

Address: _____

E-mail:*

Phone: _____

SECTION IV – FISCAL SERVICE VALIDATION

INSTRUCTIONS FOR FS FORM 210DEO

1. Use this form to designate Data Entry Operators (DEO) who will be responsible for payment schedule creation and editing using the Secure Payment System (SPS).
2. Designations are valid for a period of one (1) year from the effective date. At the end of that period they will expire, unless a designation renewal letter is submitted to the Bureau of the Fiscal Service. This form may be used for original designations, updates, and revocations only.
3. For "Effective Date," enter the date that the designation is to become effective. Designations are valid for a period of one (1) year from either the effective date or Fiscal Service processing date, whichever one is later.
4. Authority for only one individual may be designated or revoked per form.
5. All required fields are marked with (*) and must be completed, in order for Fiscal Service to process the form.
6. Email digitally completed and signed forms to: Production.Support.Section@fiscal.treasury.gov
7. Forms completed in ink should be mailed to: Attn: SPS
DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
4241 NE 34th STREET
KANSAS CITY, MO 64117

SECTION I - DESIGNEE

- a. Information
 - Enter the Full Legal Name of the Designee. Enter the other identifying information.
- b. Request type
 - Check the appropriate box for "Type of Designation or Revocation Action." Only one box may be checked.
 - Check "Original Designation" for new designations.
 - Check "Designation Update" to update information for existing designations.
 - Check "Revocation" to revoke all authority that was originally designated. If partial authority is to be retained from the original designation, a new FS Form 210DEO must be submitted re-designating that authority.
- c. Certifying Officer Training
 - This box must be checked to affirm that the training has been completed and provide the date taken.
- d. Signature
 - Digitally or manually sign in the appropriate signature box. Digitally signed forms must be emailed to Fiscal Service.

SECTION II - DESIGNATOR

- e. Designation
 - The designator must provide the effective date of the designation.
- f. Signature
 - The designator must digitally or manually sign in the appropriate signature box. Digitally signed forms must be emailed to Fiscal Service.
 - The designator must print his/her full name and agency.

SECTION III - POINT OF CONTACT

- g. Information
 - Enter the contact information for the designator. An email address must be provided for the point of contact.

SECTION IV - FISCAL SERVICE VALIDATION

For Fiscal Service use only.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301 and 31 U.S.C. 3321, 3325, authorize the collection of this information.

PURPOSE: These records are collected to allow Federal agencies to authorize the designation of those individuals appointed to serve in disbursing roles, and to allow Fiscal Service to maintain records of such appointments, records of any subsequent revocations or renewals in those roles, and document the authority of the disbursing actions taken by those individuals in execution of their roles.

ROUTINE USES: These records may be used by Fiscal Service Payment Management employees to verify the authority of the heads of agencies sending these forms, received to designate, revoke, and renew individuals appointed to serve in disbursing roles, and to authorize those designations. Additionally, this information may be provided to appropriate Federal agencies responsible for investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation, or as otherwise allowed by Treasury/Fiscal Service System of Records Notice .009, Delegations and Designations of Authority for Disbursing Functions or other authorities.

DISCLOSURE: Furnishing this information is voluntary; however, failure to provide the requested information may result in not being considered for a specific disbursement-related function.