

Powell Bill Reporting System Access Authorization

The Powell Bill System is used to complete a variety of work, including submitting an Expenditure Report or Municipal Data Report, submitting a Certified Statement, and amending an Expenditure Report. To be granted access to the system, please complete the form – **All Sections are required.**

After your application has been processed, you will be emailed your personal User ID and temporary password to access the system. You must create a new password prior to logging into the Powell Bill System for the first time.

A separate form will be required for each User ID and Password issuance. Scan, attach, and email the form to the Powell Bill Unit at NCDOT_PowellBill@ncdot.gov.

Red () = required field*

Section 1 – User ID Information

First Name: * _____ Last Name: * _____

Title: * _____ Email: * _____

Telephone: * _____ Ext.: _____ Fax: _____

Are you a primary Powell Bill contact person for the municipality? * Yes No

Do you have an existing EBS Account? Yes No If Yes, Account Name: _____

New Users Only: Remember this number! This is used to verify your identity and retrieve your information if you forget your password. We suggest using any unique number. 8-digit Security Code: * _____

Section 2 – Job Function Permissions (select one *)

- Display ONLY** – (Z:GM_PB_SR_DISPLAY_ALL_COMP)
- Display/Create/Submit/Change – Certified Statement (Agreement) – (Z:GM_PB_SR_AGREEMENT_COMP)
- Display/Create/Submit/Change – Powell Bill Expenditure or Fiscal Data Report (Change Request) – (Z:GM_PB_SR_MUN_FISCAL_RPT_COMP)
- Display/Create/Submit/Change – **ALL** – (Z:GM_PB_SR_AGREE_MUN_FI_COMP) & (CRM Business Role for all= ZPOWAP)

Section 3 – Municipality Information

Municipality: * _____

Municipality Mailing Address: * _____

Municipality Telephone: _____ Municipality Email: _____

Mayor's Name: _____ Clerk/Administrator's Name: _____

I certify the information above is accurate and I am the authorized person to perform the duties listed.

Print Name: * _____

Signature: * _____ Date: * _____

Authorized Official Signature (Usually the Mayor) : * _____