Amazon Web Services Account Request Form v1.1

Purpose:

This document represents an agreement between the requesting department, Collaborative Computing Solutions (CCS) and Information Technology Procurement and Licensing Services (ITPALS). By completing this form, the requesting department is requesting an account through ITPALS under the VASCUPP cooperative contract with DLT Solutions, provider of Amazon Web Services (AWS).

Agreement:

All AWS account requests must be submitted on this form signed by the director of the department. Once the account request has been processed, CCS will provide the account manager access to AWS via the AWS Management Portal. AWS is a pay-as-you-go service that will be invoiced monthly by ITPALS. The account manager will have access to the AWS management console to include reports for the purpose of monitoring actual usage.

CCS Responsibilities:

- Establish AWS account upon receipt of completed account request form
- Work with AWS reseller to assign an account manager as specified by the department
- Provide an email alias to the reseller to be used for AWS account access
- Work with AWS reseller to provide problem resolution for account access issues

ITPALS Responsibilities:

- Provide monthly billing statement to department account manager for actual services used. Billing amount will include an 5% overhead charge.

Department Responsibilities:

- Complete AWS Account Request Form, obtain department head's signature and return to ITPALS
- Provide full name and PID of the designated AWS account manager on the account request form
- Provide full name and PID of the billing contact for the department that will process payments
- Email the signed request form to ccs-support-g@vt.edu
- Pay all charges for AWS services used plus 5% overhead charge within 30 days of receipt of billing statement

Department Name: _____

Account Manager Name:_____   PID: _____

Account Manager Email:_____

Dept. Billing Contact Name:_____   PID: _____

Dept. Billing Contact Email:_____

Approval:

I hereby agree to the provisions contained in this AWS Account Request Form.

_____   _____

Department Head Signature   Date

_____

Department Head Printed Name