**Bristol County Savings Bank Internal Report Request Form**

Instructions: All report requests must be submitted on an Internal Report Request Form. Please complete all of the fields, providing specific detail in the “Report Detail” section. Email this form, and any report samples or screen shots, to [**Report.Request@bcsbmail.com**](mailto:Report.Request@bcsbmail.com)

Submitted date: 6/10/20254 Requestor name: Stephanie Nordberg

Type of request:  New  Modify existing (report name): Click to enter text.

Business area: Retail

Proposed start date: 6/13/2025 Proposed due date: 6/17/2025

Output format:  PDF  Excel  iDashboard

|  |  |  |
| --- | --- | --- |
| Most recent business day | Most recent end-of-month | Specific Date: Click to enter a date. |
| Date Range: From: Click to enter a date. To: Click to enter a date. | | |

Report data as of:

Will this be a recurring report? Yes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily | Weekly | Monthly | Quarterly | Yearly |
| Other: Click to enter text. | | | | |

If yes, frequency:

***Report Detail:***

|  |  |
| --- | --- |
| **Specific business need:**  Describe the business situation to be addressed by the report. | Sharon Patton, the Prime Time Manager, needs a way to be able to know exactly how many customers are included in her Prime Time Travel program on a regular basis |
| **Request goal:**  How will the business benefit from the report? | The Prime Time Manager will be able to see who goes in and out of her portfolio month over month. |
| **Required fields:**  Provide the required fields names or description. | There are two separate user fields in COCC that we will need information pulled from, Code PTTM(PTT MEM1) and PTTR (PT Travel) both indicate Yes (y) or No (n) for all customers that have a Y in either category:  Please include customer name, customer number, deposit total owner balance, loans total owner balance ) |
| **Field sort:**  Describe how the information should be sorted (account number, name, branch, etc.). | Customer number |
| **Account Status:**  Check off account status(es) to include. | Active  Dormant  Non-Performing (non-accrual)  Closed  Charged-off |

For Business Support Services Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Job # | Date Submitted: | | Date Assigned: |
| Assigned To: | Estimated Hours: | | Actual Hours: |
| COCC Quote Required: | | | |
| Core report identified: | | Output scheduled/saved: | |
| Draft submitted date: | Final delivery date: | | |
| Final approval by: | | | |