



1. This request is for a: new user change to an existing user
2. Name: _____
3. Department: _____

BANNER FINANCE VIEWING ACCESS

4. List only ORG codes here-(select fund types below)

--	--	--	--
5. List FUND type(s) needed: (please check all that apply)
- General fund – 110000 Designated funds – 12xxxx Restricted funds – 2xxxxx
- Auxiliary funds – 3xxxxx Endowment funds – 6xxxxx Agency funds – 8xxxxx
6. Individual funds (please list):

--	--	--	--	--

PURCHASING/ON-LINE REQUISITIONS

7. Will user need access to the on-line requisition system? Yes No
8. If yes, is user authorized to create requisitions on ALL funds/orgs listed above? Yes No
9. If no, which funds/orgs should be excluded?
- | | excluded FUND(s) | excluded ORG(s) |
|--|------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

APPROVALS

10. Will user have approval authority?:
 (if yes, please fill in information below) Yes No
11. Approval Queue (4 digit org level) What level of authority?
 (a user may be at more than one level on each approval queue)
- | | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | full authority |
|--|--------------------------|---------|--------------------------|---------|--------------------------|----------|--------------------------|----------------|
| | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | full authority |
| | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | full authority |
| | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> | full authority |

OFFICE DEPOT

12. Will user be ordering office supplies thru Office Depot?
 (if yes, please fill in information below) Yes No
- User's email address _____
- User's phone number _____
- Delivery address _____
- Authorized amount (\$0 to unlimited) per order _____
- Approver's name (if necessary) and email address _____

	FUND	ORG	ACCT	PROGRAM
FOAPS to charge (please list)			7004	
			7004	
			7004	
			7004	

Approval: Dean/Director _____ Date: _____