



**USER INFORMATION**

1. Name: \_\_\_\_\_ G #: \_\_\_\_\_
2. Department: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BANNER FINANCE - VIEWING ACCESS**

3. List only ORG codes here-(select fund types below) \_\_\_\_\_
4. List FUND type(s) needed: (please check all that apply OR list individual funds below in #5)
- General fund – 110000   
  all Designated funds – 12xxxx   
  all Restricted funds – 2xxxxx  
 all Auxiliary funds – 3xxxxx   
  all Endowment funds – 6xxxxx   
  all Agency funds – 8xxxxx
5. Individual funds (please list): \_\_\_\_\_

**PURCHASING/ON-LINE REQUISITIONS**

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

**REQUISITION AND ONBASE APPROVAL AUTHORITY**

9. Will user have approval authority? (if yes, please fill in authority level below)  Yes  No
10. What level of authority? (a user may be at more than one level on each approval queue)  
 Select amount that matches the Position title or the Equivalent level in Administration

Approval Queue (4 digit org level)	PSS	Unit Head / Director	Asst/Assoc Dean	Appointing Officer/ Dean	Other Amount (write in below)
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$300,000

**ONBASE ACCESS**

11. Will user need to process invoices and transfer requests in OnBase?  Yes  No
12. Is user the initial department contact? (Receives notice for invoices and transfers)  Yes  No
13. Department Name (user group name listed on Department Crosswalk) \_\_\_\_\_

**OFFICE DEPOT**

14. Will user need Office Depot to order office supplies? (if yes, list FOAPs below)  Yes  No
- Delivery address: (bldg. code & room) \_\_\_\_\_ Per order spending limit: \_\_\_\_\_
- | FOAPS<br>to charge<br>(please list) | FUND | ORG | ACCT | PROGRAM |
|-------------------------------------|------|-----|------|---------|
|                                     |      |     | 7004 |         |
|                                     |      |     | 7004 |         |
|                                     |      |     | 7004 |         |
|                                     |      |     | 7004 |         |

Approval: Dean/Director

Date: \_\_\_\_\_ Updated 05/05/2020