



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"/>	\$100,000	<input type="checkbox"/>	\$300,000	<input type="checkbox"/>	
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$300,000	<input type="checkbox"/>	
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$300,000	<input type="checkbox"/>	

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
to charge
(please list) | FUND | ORG | ACCT | PROGRAM |
|-------------------------------------|------|-----|------|---------|
| | | | 7004 | |
| | | | 7004 | |
| | | | 7004 | |
| | | | 7004 | |

Approval: Dean/Director

Date: _____ Updated 05/05/2020