

## Request for Access to Banner Finance

New Request

Change Request

Requested for employee:

Last Name

First Name

Lafayette ID #: L

Department:

Campus Location:

Phone Ext:

Campus E-Mail: @lafayette.edu

Is the employee above replacing someone who also had on-line budget access?

Yes  No

If Yes, please provide the name:

Does the on-line access for the original employee need to be discontinued or modified?

Yes  No

If yes, please complete and attach a separate request form.

Please list the Fund and Organization numbers for which you are requesting on-line access (additional sheets may be attached as needed):

		View Budget Data?	Create Requisitions or Budget transfers?	Responsible for submitting budget?			View Budget Data?	Create Requisitions or Budget transfers?	Responsible for submitting budget?				
Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fund #:	<input type="text"/>	Org #:	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit the completed form to the Controller's Office @ 030 Marquis Hall.  
 You will receive an e-mail after the Controller's Office has completed the set-up in Banner.