

HokieMart Access Request – Departmental Functions

Please return this completed form to the Controller’s Office.

Email forms with a digital signature to genactg@vt.edu. Mail forms with an ink signature to General Accounting, Postal Code 0312.

Organization Number _____ Mail Code _____

Approvers

				Select One Option			
Name	User ID (PID)	Phone Number	VT ID Number	New User	Additional Access	Delete Access	Level: First or Final

Requestors

				Select One Option		
Name	User ID (PID)	Phone Number	VT ID Number	New User	Additional Access	Delete Access

Receivers

				Select One Option		
Name	User ID (PID)	Phone Number	VT ID Number	New User	Additional Access	Delete Access

Does your department want the PI (financial manager) option for approvals?

Yes

No

If Yes:

OSP

All (All includes E&G and Overhead)

Approval

Department Head/Director Signature _____

Department Head/Director Printed Name _____ Date _____