

HokieMart Access Request - Departmental Functions

Return this form to Controllers Office,

Digital signed forms can be emailed to genactg@vt.edu, Ink Signed can mailed to General Accounting, Postal Code 0312)

Organization # _____

Mail Code _____

Approvers

				Select One Option			
Name	Userid (PID)	Phone #	VT ID #	New User	Additional Access	Delete Access	Level 1 st or Final
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Requestors

				Select One Option		
Name	Userid (PID)	Phone #	VT ID #	New User	Additional Access	Delete Access
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receivers

				Select One Option		
Name	Userid (PID)	Phone #	VT ID #	New User	Additional Access	Delete Access
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The same employee cannot be assigned the approver and receiver functions due to segregation of duties.

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

Yes or No, If yes, OSP or ALL (ALL includes e&g and overhead)

Approval: _____

Signed Name
Department Head/Director

Printed Name
Department Head/Director

Date