

Financial Accounting System Request - AggieBuy and FAMIS

Access Requested for:

Research (CC 06)

Extension (CC 07)

TVMDL (CC 20)

<i>Section I: User Information</i>					
User Name:			Home Campus Code :		
UIN:	E-mail:		Office Phone:		
New User	Add Access	Change Access	Expire User	as of	
Default Department (adloc Department of User):					
<i>Section II: FAMIS/Canopy Access Requested (please check appropriate boxes)</i>					
Account		Inquiry		Support Account Update	
DBR - Departmental Budget Request		Inquiry		Update	
DCR – Departmental Corrections Request		Inquiry		Update	
PAYROLL - PCT		Inquiry		Creator	
Approver/Signer	DBR	DCR	PCT	Purchase	Property Transfer
TDP - Property Transfer		Inquiry		Update	
FFX – Fixed Assets		Inquiry		Update	
<i>Section III: AggieBuy Access Requested (please check appropriate boxes)</i>					
AGGIEBUY ROLES:					
ALLOCATOR		INVOICE CREATOR		RECEIVER	
				APPROVER	
AGGIEBUY ROUTING:					
ALLOCATOR		MID-LEVEL APPROVER (optional)		FINAL APPROVER	
All Access requested is to the following Dept(s)/Sub-Dept(s): <i>(If access to all is requested, please type ****)</i>					
Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept
Additional Comments:					

Section IV: Mentor Information

As a mentor, I will provide purchasing module training and assistance for the user. I have reviewed mentor policies and security issues at <https://agrilifeas.tamu.edu/documents/famis-mentor-program.pdf/>

Mentor Name:		Mentor E-mail:	
Mentor Signature:	x	Mentor Phone :	

Section V: Statement of Responsibility

STATEMENT OF RESPONSIBILITY

I understand that I will be in violation of System regulations, State and Federal law if I gain or help others gain unauthorized access to the systems above. I acknowledge that neither I, nor anyone else, possess the authority to allow anyone to use my I.D. or password. I understand that if I violate System regulations and State and Federal laws by gaining or helping others gain unauthorized access, I will be subject to disciplinary action and criminal prosecution to the full extent of the law. (Chapter 33, Title 7 of the Texas Penal Code). I accept the responsibility of keeping the reports and information confidential. I understand, accept and will complete training related to the software provided to me by Texas A&M System Members. Misuse or abuse of this responsibility as User/Supervisor may be just cause for revocation of software access and disciplinary action. I agree further not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

User (Print name)	Signature	UIN	Date
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Section VI: Approval and Signature

Dept/Unit Head or Delegate (Print name)	Signature	UIN	Date
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06 Administration Approval (Print name)	Signature	UIN	Date
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07 Administration Approval (Print name)	Signature	UIN	Date
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20 Administration Approval (Print name)	Signature	UIN	Date
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Other Approval (Print name/campus CC)	Signature	UIN	Date
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Other Approval (Print name/campus CC)	Signature	UIN	Date
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