The University of Oklahoma
Cash Receipts Data Entry Security Form

User Name (Last Name, First Name): _____   Employee ID: _____

Department**: _____

Contact Person: _____   Phone: _____   Bldg./Room: _____

Financial Organization numbers this user requires access to ranges from _____ to_____

AND/OR

Individual Financial Organization number(s) this user requires access to _____   _____

_____   _____   _____   _____   _____

_____   _____   _____

_____
Printed Name of Department Head   **Signature of Department Head**   **Date**

_____   _____
Bursar Authorization Signature   **Bursar Authorization Date**

INSTRUCTIONS:

1. Complete User Name, Department, Contact Person, Phone, and Building/Room.

2. Identify the Financial Organization range and/or individual Financial Organization numbers not within the range that security is being requested.

3. Obtain the appropriate department approval signature and date.

4. For OUHSC, send the completed form to OUHSCBursar@ouhsc.edu.   For Norman, send the completed form to FSWeb@ouhsc.edu.