

The University of Oklahoma
Cash Receipts Data Entry Security Form

For Internal Use Only:

User Creation: _____ User Termination: _____
Effective Date: _____ Effective Date: _____
User Transfer: _____ User Revision: _____
Effective Date: _____ Effective Date: _____

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.

For IT/Bursar Use Only

Operator Class: _____ Date: _____
Security/Sign on Credited: _____ Date: _____
UserID _____