

**The University of Oklahoma Health Sciences Center
Concur Financial Approver Security Access Form**

Supply the information requested below including Concur Financial Approver Department and Fund, name and signature of user's supervisor or department's authorizing agent and forward completed form to Financial Services via one of the following: **fax: 271-2363; mail - Financial Systems, URP-563; or eCopy signed PDF form to fsweb@ouhsc.edu**. The "Contact Person" will be notified when the user's access privileges have been granted.

User Creation User Transfer User Revision (explain) _____ Effective Date: _____

User's Name (Last, First MI): _____ Department: _____

User's EmplID: _____ User's Status: OUHSC Employee OUHSC Affiliate (Users not paid by OUHSC)

Contact Person: _____ Phone: _____

Concur Financial Approver – Please provide each Fund/Department combination separately

ACCEPTED FUND CODES: AGENC, CLNOP, EDWCH, HSPRM, MISCA, MISCD, RSOKC, RSTUL, SPNSR, STATE, SUAUX

Example: STATE/ADM003

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As this user's supervisor or the department's authorizing agent, I hereby approve this request for user access privileges.

Print Name _____ **Signature** _____ **Date** _____

For Financial Systems Use Only

Security Access Granted: _____ Date: _____ UserID _____