

Requester's Name: _____

PS Financial System - Cluster Preparer Requests

Access will be granted when appropriate training assessment(s) passed, if applicable. Access granted will include the role(s) indicated above and access to the run/view reports and queries in the Reporting Instance.

Please use the "Statement of Business Need" section to provide an explanation of the requester's need to modify Clusters and/or Approvals.

CLUSTER PREPARER ROLES
<input type="checkbox"/> Create Bills <input type="checkbox"/> HIPAA data - check this box if you require access to HIPAA data and have completed the online tutorial. <ul style="list-style-type: none"> • Users who check Create Bills will also be granted access to ImageNow (excluding scanning). • Includes BPEL Form: Customer Maintenance & Charge Code
<input type="checkbox"/> Budget Journals

<b style="color: red;">IMPORTANT...IF YOU CHECK JOURNAL ENTRIES OR VENDOR PAYMENTS (BELOW) YOU MUST PROVIDE YOUR ORIGIN	<i>Origin:</i>
CLUSTER PREPARER ROLES	
<input type="checkbox"/> Journal Entries (You will also be granted ImageNow with scanning for your origin.)	
<input type="checkbox"/> Vendor Payments (You will also be granted ImageNow with scanning for your origin.)	
<i>Note: Users with this role cannot also have Create Requisitions or Procurement Specialist access.</i>	

Cluster Director Authorization Signature (required for ALL requests):

CLUSTER DIRECTOR AUTHORIZATION PRINTED NAME:	CLUSTER DIRECTOR SIGNATURE:	
CLUSTER DIRECTOR'S EMAIL ADDRESS:	PHONE NUMBER:	DATE:

Controller's Office Authorization (required for: Create Bills and/or Vendor Payments requests):

CONTROLLER'S OFFICE DESIGNEE'S PRINTED NAME:	CONTROLLER'S OFFICE DESIGNEE'S SIGNATURE:	
EMAIL ADDRESS: finsys@umn.edu	PHONE NUMBER:	DATE: