

Requester's Name: _____

PS Financial System – Vendor Payment Approval Request

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.

- Vendor Payment Approvals (Users who check this will also be granted access to ImageNow (excluding scanning)).

USER PREFERENCES:

Every requester must provide a minimum of 1 department code(s) the requester is authorized to approve.

| Level 1 Dept Approver DEPTIDs | Level 1 ALTERNATE Dept Approver DEPTIDs | Level 2 Dept Approver DEPTIDs | Level 2 ALTERNATE Dept Approver DEPTIDs |
|----------------------------------|---|----------------------------------|---|
| 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. |
| 4. | 4. | 4. | 4. |
| 5. | 5. | 5. | 5. |
| 6. | 6. | 6. | 6. |
| 7. | 7. | 7. | 7. |
| 8. | 8. | 8. | 8. |
| 9. | 9. | 9. | 9. |
| 10. | 10. | 10. | 10. |
| 11. | 11. | 11. | 11. |
| 12. | 12. | 12. | 12. |
| 13. | 13. | 13. | 13. |
| 14. | 14. | 14. | 14. |

IMPORTANT!

- The DeptIDs you list here will be entered into the system without further verification. Please ensure your request is accurate before submitting your ARF to OIT Data Security.
- To request Certified Approval, use the new Certified Approval attachment.

| | | |
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| <i>Cluster Director Authorization</i> Printed Name: | <i>Cluster Director Signature:</i> | |
| <i>Cluster Director’s Email address:</i> | <i>Phone Number:</i> | <i>Date:</i> |