

CSU-Buy Access Request Form

Important: You **must** have a **Banner Username** and **CSU employee ID #** prior to submitting this form to Purchasing. Upon completion, please return to the **Purchasing Department, ADM 208**.

Have you completed the Banner Access Request Form? _____ **No** _____ **Yes**

| | | | |
|---------------------|--|-------------------|--|
| Division Name: | | | |
| Department Name | | | |
| Name | | Telephone Number | |
| Banner User Name | | CSU Employee ID # | |
| Email Address | | Fax Tel. Number | |
| Fiscal Officer Name | | Telephone Number | |

Please indicate (check) whether this is new (first time) access or a change (update) to existing access:

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|-----|--|--------|--|---|
| New | | Update | | Enter update reason here and provide a brief description below: |
| | | | | |
| | | | | |

Please list your departmental account information:

| Department Name: | | | | | | | | | | | |
|------------------|-----|---------|----------|----------|-----------------|----------|-----------|----------|------------------|----------|--|
| Fund | Org | Program | Approver | \$ Limit | Backup Approver | \$ Limit | Requestor | \$ Limit | Backup Requestor | \$ Limit | |
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| Department Name: | | | | | | | | | | | |
|------------------|-----|---------|----------|----------|-----------------|----------|-----------|----------|------------------|----------|--|
| Fund | Org | Program | Approver | \$ Limit | Backup Approver | \$ Limit | Requestor | \$ Limit | Backup Requestor | \$ Limit | |
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Fiscal Officer/Supervisor's Name (Please Print) _____

Approver/Requestor Name (Please Print) _____

Fiscal Officer/Supervisor's Signature _____

Approver/Requestor Signature _____

CSU-Buy Password: You will receive a password upon completion of the CSU-Buy training course. Contact the Purchasing Department for more information **ext. 4424**.