

FINANCIAL RECORDS SYSTEM (FRS)

Application for Operator Number

Name: _____ Telephone Number: _____

E-mail Address: _____

Department: _____

Building: _____ Room Number: _____

Current FRS Operator ID (if any): _____

Please provide a brief narrative of employee's expected use of FRS:

Specifically, what tasks does this employee need to use FRS for?

A. Inquire against Accounting, Accounts Payable and Purchasing information? YES NO

B. Process Interdepartmental Billing? YES NO

C. Create Purchase Requisitions? YES NO

D. Approve Purchase Requisitions YES NO

For B, C or D above, **please describe the accounts which should be authorized** for update capability. If you know the appropriate codes, please specify them.

[Div____ School____ Dept____ Sub-Dept____ Exec____ Fund____ Purp____ SecCd____]

I have read and agree to abide by the University of Vermont's Administrative Data Use policy. I understand that the access granted based on this application is only to be used for purposes inherent in my position at UVM.

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____

Supervisor's Email Address: _____

Operator ID: _____ Date Notified: _____ By: _____

Please fax or send the completed form to: Accounting Information Services
218 Waterman Building
Fax: 656-8762