

ACCOUNTS RECEIVABLE MODULE BANNER ACCESS REQUEST

ev: 1

USER INFORMATION				
DEPARTMENT:	EN	IPLOYEE POSITION IS:	☐ NON-BENEFITED	BENEFITED
NAME:		DU ID#:	PHONE:	
EMAIL ADDRESS:	U	SERNAME:		
JOB TITLE:				
Please answer the questions below:				
 Do you need to view? ☐ Accounts Receivable Information 				
2. Do you need to update? ☐ Contracts, Installments ☐ Payments, Tuition, Fees ☐ Exemptions, Contracts, Installments	S			
3. Do you need to view Cognos Repo				
☐ Internal Student Financial Services	Reports			
Additional Information:				
) RUP 3UHSDUHG %\BBBBBB APPROVING SIGNATURES Comments:	B B B B B	B B B B B B B B B B B B B B B B B B B	3 B B B B B B B B B B B B B B B B B B B	BUHSDUHU¶V
Appropriate Security Classes:				
Department Manager	Date	2. Division Head/Bu	dget Officer	Date
	Dale	Z. DIVISION NEAU/DU	aget Officer	Date
3. Banner Accounts Receivable Signatory & D U R DJH/ %/X U V DIU ¶ N H	Date	4. Enterprise Applica email eas@du.eo		Date

After obtaining all required signatures, please submit this form to Information Technology, Enterprise Application Services for processing.