



USER INFORMATION

DEPARTMENT: _____ EMPLOYEE POSITION IS: NON-BENEFITED BENEFITED
NAME: _____ DU ID#: _____ PHONE: _____
EMAIL ADDRESS: _____ USERNAME: _____
JOB TITLE: _____

Please answer the questions below:

1. Do you need to view?
 - Accounts Receivable Information
2. Do you need to update?
 - Contracts, Installments
 - Payments, Tuition, Fees
 - Exemptions, Contracts, Installments

Additional Information:

Form Prepared By: _____ Preparer's Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager Date

2. Division Head/Budget Officer Date

3. Banner Accounts Receivable Signatory Date
Carole Eigsti Bursar's Office (fax: 14401)

4. Enterprise Application Services (fax: 17998) Date
Or you may email: eas@du.edu

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