UNIVERSITY OF DENVER
1864

ACCOUNTS RECEIVABLE MODULE
BANNER ACCESS REQUEST

Rev: 061506

EMPLOYEE INFORMATION

NAME: _____ **DU ID#:** _____ **PHONE:** _____

EMAIL ADDRESS: _____ **USERNAME:** _____

DEPARTMENT: _____

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

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 *Carole Eigsti or Janet Burkhardt* *Bursar's Office (fax: 14401)*	Date	4. AIS *(fax: 17998)*	Date

After obtaining all required signatures, please submit this form to Administrative Information Services (AIS) for processing.