

# Request for Bryn Mawr College Financial Systems Access

Financial Edge, E-Market, Credit Card Program

## Section 1: Employee Information

### **Complete Form Electronically**

Employee Name (Last, First):

Employee 10-Digit Phone #:

Employee College User Name:

7-Digit BMC ID:

Employee Title:

Dept Name:

Building Employee is Located:

Direct Supervisor's Name:

5-Digit Default Department #:

5-Digit Default Project #:

Address for Shipments other than College Street Address (101 N. Merion Ave):

I am: Faculty Staff-Manager Staff-Administrative

I need access to: Financial Edge *(Complete section 2)* E-Market *(Complete section 3)* Credit Card Program *(Complete section 4)*

New user type: New User replacing former employee or needing same access as current employee

Name Employee: *(Skip sections 2&3)*

New User needing Access

## SECTION 2: Financial Edge(FE)

Types: *(Select one)* View Reports *(Typically Faculty)* Create Custom Reports Create Custom Reports & Journal Entries *(Typically the Administrative Assistant)*

### **Revenue/Expense Access by Department**

5-digit Department # Department Name All Access AP Expense Only

### **Project Access** *(Note: All users get access to Project 99999)*

5-digit Project # Project Name

### **Non-Revenue/Expense Access by Account Code** *(Starts with a 1 or 2)*

5-digit Account Code # Account Code Name

**Section 3: E-Market- Additional Dept and Default Project # for Each Dept Employee is Allowed to Charge**

5-digit Department #:                      5-digit default Project #:

**Section 4: Credit Card Program**

Roles: *(Select all that Apply)*                      Cardholder                      Allocator                      Approver

Account Type:              Card              Cardless                      Monthly Credit Limit:  
*(If Cardless \$0, Standard limit \$5000)*

If requesting monthly credit limit > \$5,000, enter explanation:

If allocator role, enter cardholder's names you will allocate:

If approver role, enter cardholder's names you will approve:

Card Allocator Information

*Typically the Administrative Assistant*

Allocator Name (Last, First):

Allocator Dept Name:

Card Approver Information

*Typically the Dept. Head*

Approver Name (Last, First):

Approver Dept Name:

**Instructions**

***Direct Supervisor's Name*** listed in Section 1 on this form must email electronically completed form to  
**accountspayable@brynmawr.edu.**

**Paper forms and/or handwritten/scanned forms will not be accepted.**

**Questions about completing this form? Email accountspayable@brynmawr.edu or call 610-526-5262.**

**Controller's Office Use Only:**

Employee Verification completed date:	Initials:	Notes:
Financial Edge completed date:	Initials:	Notes:
E-Market completed date:	Initials:	Notes:
CC Program completed date:	Initials:	Notes:
Last 4-digits of card #:	CC-Contacted employee for training:	