

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:	