



MISSISSIPPI VALLEY STATE UNIVERSITY™

ELECTRONIC BUDGET ACCESS AUTHORIZATION FORM

I, _____, hereby give Information Technology Department authorization to allow the following employee(s) access to view budget(s) electronically.

EMPLOYEE'S NAME	DEPARTMENT NAME	BANNER ORGANIZATION NUMBER

In addition, I understand when the employee(s) resigns or transfers to another department; it is my responsibility to notify Information Technology Department to terminate access of the budget file(s) listed above.

Budget Director

Date

Contact Information: Telephone _____

E-mail address _____

NOTE: Please attach a separate sheet if additional space is needed to list names and/or departments.

Business and Finance

Information Technology