

SACRED HEART UNIVERSITY – ADMINISTRATIVE INFORMATION TECHNOLOGY

REQUEST FOR BUDGET INQUIRY ACCOUNT FORM

SECTION 1: *To be filled out by the individual requesting on-line budget inquiry access*

NAME: _____

ID NUMBER (7 digits): _____

DEPARTMENT: _____

OFFICE LOCATION: _____

SECTION 2: *To be filled out by Vice President or Academic Dean of your division*

List all of the account combinations that the above individual can access. Salary lines associated with the below fund-unit combinations will not be included in account. Example of account combination 10-06140:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of VP/Dean: _____

Date: _____ / _____ / _____

SECTION 3: *To be filled out by Administrative IT*

Incident/Work Order #: _____

Completed by: _____

