



# Aurora Finance Systems Access Additions Request

User's Name: \_\_\_\_\_ Employee No: \_\_\_\_\_  
 User ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 (Same as your UMnet/CCU/Jump ID)  
 Faculty/Unit: \_\_\_\_\_ Organization Number: \_\_\_\_\_

Please note that new transaction access to Concur, EPIC, Journal Entries, ID Charges, Budget Transfers and External Billings must be requested using the [Aurora Finance System Access Request](#) form for new access.

## Section A – Additions to FUND/ORG Access:

*Please complete the appropriate areas below to add to existing access for BANNER & FAST transactions.*

### FUNDS Required - Please check off one access level designation for each Organization required:

Q=Query (To look up details on specific transactions), P=Posting (To create transactions) or B=Both (To create & view transactions)

| Fund Code/ Fund Type | Access Level : |   |   | Fund Code/ Fund Type | Access Level : |   |   |
|----------------------|----------------|---|---|----------------------|----------------|---|---|
|                      | Q              | P | B |                      | Q              | P | B |
| _____                |                |   |   | _____                |                |   |   |
| _____                |                |   |   | _____                |                |   |   |
| _____                |                |   |   | _____                |                |   |   |

### Organizations Required - Please check off one access level designation for each Organization required:

Q=Query (To look up details on specific transactions), P=Posting (To create transactions) or B=Both (To create & view transactions)

| Organization Code | Access Level: |   |   | Organization Name |
|-------------------|---------------|---|---|-------------------|
|                   | Q             | P | B |                   |
| _____             |               |   |   | _____             |
| _____             |               |   |   | _____             |
| _____             |               |   |   | _____             |

### ID Charges - please provide the list of Fund/Fund Types & Organizations that the individual requires to record the charges processed.

#### Fund Code/ Fund Type

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

#### Individual Organizations

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

#### Individual Organizations

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## Section C – Faculty/Unit Authorization

I certify that the person named above requires the stated systems access to perform their assigned duties at the University of Manitoba.

|                 |                      |
|-----------------|----------------------|
| Name _____      | Title/Position _____ |
| Signature _____ | Date _____           |
| Email _____     | Phone Number _____   |

**\*\*Please return form to Aurora Finance: [Aurora\\_Finance@umanitoba.ca](mailto:Aurora_Finance@umanitoba.ca) or Fax 474-7690**

### Office Use Only:

FS Authorization \_\_\_\_\_ Date Processed \_\_\_\_\_