



PAYMENTNET "CFO" ACCESS APPLICATION

This CFO access will allow you to view all pcard transactions in PaymentNet. You will not be allowed to configure any PaymentNet settings.

1. APPLICANT INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	MI	Title	Date of PCard Training
_____			_____	_____
Department Name			Building	Room Number Campus Mail Stop
_____	_____	_____	_____	
Universal Login	Campus Phone	Home Phone	Email Address	

2. USER SIGNATURE

- As the Budget Authority I will use this access to PaymentNet to perform budget and financial analysis of pcard transactions within my organizations. I understand that this access is to be used for Western Washington University business purposes only. I also acknowledge that all purchases must comply with the policies and procedures, terms and conditions of the University and the Laws of the State of Washington. I understand that I will be held responsible for any action deemed inappropriate and not with the terms of the University or Card Provider agreement.
- My signature affirms that I agree to comply with the above terms.**

_____	_____	_____
Print Name of Budget Authority	Signature	Date

3. Financial Manager Approval

As the Financial Manager, I approve of the access participation of the name stated in section One (1). My responsibilities will continue to ensure that department personnel will comply University policies and procedures requirements for purchasing goods and services using a P-card.

_____	_____	_____
Print Name of Financial Manager	Signature	Date

For Purchasing Office Use Only

Employee Verification ____ Budget Authority Verification _____ PaymentNet Access _____