The University of Oklahoma
Cash Receipts Data Entry Security Form

For Internal Use Only:

User Creation: ___________________________   User Termination: ___________________________
Effective Date: ___________________________   Effective Date: ___________________________
User Transfer: ___________________________   User Revision: ___________________________
Effective Date: ___________________________   Effective Date: ___________________________

User Name (Last Name, First Name): ___________________________   Employee ID: ______________
Department: ___________________________
Contact Person: ___________________________   Phone: ___________________   Bldg./Room: ____________________

Financial Organization numbers this user requires access to ranges from ___________________ to ___________________

AND/OR

Individual Financial Organization number(s) this user requires access to ___________________   ___________________
____________________   ___________________   ___________________   ___________________   ___________________   ___________________

Printed Name of Department Head ___________________________   Signature of Department Head ___________________________

Bursar Authorization Signature ___________________________   Bursar Authorization Date ___________________________

INSTRUCTIONS:
1. Complete User Name, Department, Contact Person, Phone, and Building/Room.
2. Identify the Financial Organization range and/or individual Financial Organization numbers not within the range that security is being requested.
3. Obtain the appropriate department approval signature and date.
4. For OUHSC, send the completed form to OUHSCBursar@ouhsc.edu. For Norman, send the completed form to FSWeb@ouhsc.edu. Norman forms may also be placed in a sealed envelope and dropped in the departmental drop box located in Buchanan Hall.

For IT/Bursar Use Only

Operator Class: ___________________________   Date: __________________
Security/Sign on Credited: ___________________________   Date: __________________
UserID ___________________________