

University at Albany System Access Request Form

Please complete the SUNY Financial Management System (FMS) and NYS Statewide Financial System (SFS) Request Form and submit to David Mason, Director of State Accounting at dmason@albany.edu

Department Director: _____

Department: _____

Date: _____

Please provide access to the following SUNY and NYS procurement/accounting/inquiry systems for (full name (first, last)) _____. His/her role is to (explain business need(s) for access) _____

SUNY FMS:

- | | |
|--|---|
| <input type="checkbox"/> Procurement Functionality | <input type="checkbox"/> Appropriation Functionality |
| <input type="checkbox"/> Payable Functionality | <input type="checkbox"/> P-card Certification Functionality |
| <input type="checkbox"/> Revenue Functionality | <input type="checkbox"/> Portal Report Access (Identify Report) |
| <input type="checkbox"/> Expenditure Functionality | <input type="checkbox"/> General Inquiry Access including BI |

NYS SFS:

- | | |
|---|---|
| <input type="checkbox"/> Procurement Inquiry | <input type="checkbox"/> W-9 Vendor Input |
| <input type="checkbox"/> Payable Inquiry | <input type="checkbox"/> Revenue Contract Input |
| <input type="checkbox"/> General Ledger Inquiry | |

Confidentiality Agreement: By signing this form I certify that I require the use of FMS and/or SFS for my position at the University at Albany and that all of the above information is accurate. I also agree to maintain proper confidentiality of data accessed and agree not to share my username and password.

User Signature: _____ **Date:** _____

Immediate Supervisor Signature: _____ **Date:** _____

Internal Control Officer Signature: _____ **Date:** _____