



Concur Integrated Travel Tool Access Request

User's Name: _____ Employee Employee No.: _____
 Student Student No.: _____

User ID: _____ Email: _____ Phone No.: _____
 (Same as your UMnet/CCU/Jump ID)

Faculty/Unit: _____

Concur Access Authorization:

Travel Expense Faculty/Unit Business Manager: _____
 To book travel, hotel and car. To claim and reconcile expenses. Person responsible for approving cash advances.

One Over One Signing Authority: _____
 Print Name Signature

User's Declaration of Responsibility:

I understand that information contained in the Concur Integrated Travel tool is confidential. Accordingly, I will only use the information in this system for duties directly related to my job at the University of Manitoba.

I agree that I will not:

- Share my password with any person, or permit any other person to access information under my account;
- Permit the unauthorized use of any information in records, reports and files which are accessed, processed, maintained, or stored by Aurora Finance;
- Seek personal benefit from information that I have acquired as a result of my access to data;
- Disclose the confidential contents of any record, report or file to any person, except in the conduct of official work assignments;
- Knowingly include a false, inaccurate or misleading entry in any official non-test record, report or file;
- Knowingly destroy data from any record, report or file, except as authorized;
- Remove any record, report or file from the office where it is maintained, except in the performance of my official duties;
- Cause or assist another person to violate these principles.

In accepting this account, I accept responsibility for its use and agree to abide by University of Manitoba policies and procedures. I understand that misuse of this account will lead to the suspension of my computing privileges to allow investigation. Confirmed misuse will result in the withdrawal of computing privileges and may lead to legal action by the University.

Signature _____ Date _____

Please return form to: Travel Services

Travelassistance@umanitoba.ca

Fax 474-7925, Phone 474-7944

Office Use Only:

FS Authorization _____ Date Processed _____

User notified by: E-mail Phone