



Aurora Finance Systems 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: _____

Please complete all required Sections before submitting form to be processed.

Section A – System and Transaction Access:

Please check appropriate box for all systems and transactions where access is required.

*Systems and transactions marked with an * require completion of training before access requests will be completed.*

Concur * *the University's Travel and Expense tool*

Travel To book travel, hotel & car

Expense To claim and reconcile expenses

One over One Approver _____
Print Name Signature

EPIC * *the University's Electronic Procurement tool*

Requester To purchase goods and services

Approver To only approve requests

(Note: Individual must have Signing Authority on FOP)

BANNER Finance & FAST Reporting

the University's Financial Management system and Financial Management reporting tool

System Access

BANNER Finance

FAST Reporting

Both

University's Financial Management system

Financial Management reporting tool

Access Type

Administrator

For individuals who need to view and create transactions or when an individual is in a support staff role (e.g. Business Officer, Research Assistant etc.) or when a Researcher requires access to Operating Funds.

Researcher

For Researchers who require ability to view information in FAST for specific Research Funds. Access will be granted based on individuals signing authorities unless otherwise specified in Section B of this form.

Transaction Access

Journal Entries (JV)

To create specific JE types to reallocate expenses/revenue

Interdepartmental Charges (ID)

To charge University Departments for services provided

Budget Transfers

To allocate budget to a FOP or transfer budget to a new FOP

Please **Check one** of the following: *Create Only* *Create & Approve*

External Billing *

To invoice an external organization or person (Customer) for goods/services provided by the University

Please **Check one** of the following: *Create Only* *Create & Approve*

Please complete Section B - Fund/Organization Access Requirements of this form for requests related to BANNER Finance & FAST Reporting to define requirements for Administrator access and specific transaction types listed above.

Section B – Fund/Organization Access Requirements

If you require access to either the BANNER or FAST systems and/or transactions please complete the appropriate section below.

All fund types below give broader access than individual funds and encompass all funds that fall within their scope. Specific Funds/Orgs are 6-digit and are directly linked to each other. If fund types or fund hierarchy entries are used, the user will get all Funds of that type with any Org that is currently in their profile.

Access to both the Fund and Organization is required to be able to view or enter transactions. See Aurora Chart of Accounts on our web site to determine Fund types.

Fund Types//Funds Required

Fund Types

Please circle one access level designation for every fund type/fund required:

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

	Q	P	B		Q	P	B
(11) All Internally Restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(110000) General Operating Allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼(Or components of 11, Individual restricted below) ▼							
	Q	P	B		Q (only)		
(1210) Targeted Operating Allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(21) Trust & Spending Funds	<input type="checkbox"/>		
(1215) Targeted Research Support Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(61) Endowment Funds	<input type="checkbox"/>		
(1220) Income Funded Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Q	P
(1230) Transfers fr. Trust & Endowment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(28) Special Purpose Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1240) Other Projects and Allocations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(30) Research Funds (grants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1270) Pooled & Ind. Travel & Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Q (only)	
(1280) Gifts for Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(915) CFI CDN Foundation for Innov.	<input type="checkbox"/>		
(1290) Operating Research Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Individual Funds

If only access to specific funds is desired please provide a list of specific fund numbers. Specific funds are 6-digit numbers.

Fund Code	Access level:	Q	P	B	Fund Code	Access Level:	Q	P	B
1. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organizations Required

Please circle 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	Q	P	B	Organization Name
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

Individual Funds or Fund Types

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Individual Organizations

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

External Billing - please provide the 6 digit BANNER Organization Numbers to which the individual will require access to as the billing department.

Individual Organizations

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Section C – Aurora Finance User ID Application

User's Declaration of Responsibility:

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.
- Use my sponsored access to procure goods and services for anyone other than the sponsor applicable with my organization.

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 _____

If a sponsored employee, please state place of employment: _____

Section D – Faculty/Unit Authorization

I certify that the person named above requires the state Aurora Finance systems access to perform their assigned duties at the University of Manitoba

Name

Position

Signature

Date

Email

Phone Number

****Please return form to Aurora Finance: mailto:Aurora_Finance@umanitoba.ca or Fax 474-7690**

For assistance completing this form please contact Aurora Finance Customer Service at 204-480-1001

Office Use Only:

FS Authorization _____ Date Processed _____

Access assignments _____

User notified: E-mail

Phone

Training Confirmed Yes No N/A