

# CANUTILLO INDEPENDENT SCHOOL DISTRICT

## TEAMS FINANCE SYSTEM & LONG DISTANCE ACCESS REQUEST

Complete request and mail to: Director, Financial Services For  
questions call 877 7425

### Section A - For Requestor

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Position: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Principal/Administrator Authorization: \_\_\_\_\_

<b>Type of Service Requested:</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Change	
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<b>Access Requested For:</b> <i>**Training Required Prior to Granting Access</i>		<b>Training Date</b> <i>(For Finance Use)</i>	<b>Trainer Signature</b>
<input type="checkbox"/>	Timecard Approval **		
<input type="checkbox"/>	Timecard Approval - <i>Surrogate</i> **		
<input type="checkbox"/>	Purchase Requisition Input (Includes "My Accounts") **		
<input type="checkbox"/>	Purchase Requisition Input (Includes "My Accounts") - <i>Surrogate</i> **		
<input type="checkbox"/>	Purchase Requisition Approval (Includes "My Accounts") **		
<input type="checkbox"/>	Purchase Requisition Approval (Includes "My Accounts") - <i>Surrogate</i> **		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Other		
<small>Code Number Assigned</small>			
<input type="checkbox"/>	Long Distance Code		

### Section B - Finance Department

ALLOW

DENY

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Reviewed: Director of Financial Services or Designee

Date

### Section C - Technology Department

Comments:

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Access Processed By:

Date