

Request for Bryn Mawr College Financial Systems Access

Section 1: Employee Information

Complete Form Electronically

Employee Name (Last, First):

Employee 10-Digit :

Employee College User Name:

:

Employee Title:

:

Building Employee is Located:

5-Digit Default Department #:

5-Digit Default Project #:

Address for Shipments other than College Street Address (101 N. Merion Ave):

I am: Faculty Staff-Manager Staff-Administrative

I need access to: Financial Edge E-Market Credit Card Program

New user

Section 3. E-Market! Additional Dept and Default Project # for Each Dept Employee is Allowed to Charge

5-digit Department #: 5-digit default Project #:

Section 4. Credit Card Program

Roles: Cardholder Allocator Approver

Account Type: Card Cardless Monthly Credit Limit:

Card

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Allocator Name (Last, First):

Allocator Dept Name:

..... Head

Approver Name (Last, First):

Approver Dept Name:

Instructions

Direct Supervisor's Name listed in Section 1 on this form must email electronically completed form to **accountspayable@brynmawr.edu**.

Paper forms and/or handwritten/scanned forms will not be accepted.

Questions about completing this form? Email accountspayable@brynmawr.edu or call 610-526-5262.

Controller's Office Use Only:

Employee Verification completed date:

Initials:

Notes: