

FRS ACCESS AUTHORIZATION REQUEST FORM

New Jersey Institute of Technology
A Public Research University

To: **Budget Department** Date Submitted: _____

Submitting Department: _____ Phone Number: _____

For: (Use 1 form/employee) Employee ID#: _____

Last - Name: _____ First - Name: _____

Please provide appropriate responses:

- 1) (Provide/Remove/Change) access to FRS/Purchasing System
 -If Remove or Change, please provide operator number: _____
 -If Provide, should this individual be given approval capability? (Please Circle) Y / N

Allowing access to FRS Department/account numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization: _____
(Chairperson, Dean, or Department Head Signature)

******DO NOT WRITE BELOW LINE*****BUDGET DEPARTMENT USE ONLY******

Purpose: Unrestricted/Research/Other

Approval Level No#: _____ Depart. No#: _____ FRS Operator No#: _____

If new Dept/DBD entry provide:

- 1) Dept/Proj Name: _____
- 2) Responsible Name: _____

Authorization: _____
(Budget Department Staff Signature)