



UC MERCED REQUEST FOR ACCESS TO FINANCIAL SYSTEMS (DACSS)

Please complete this form and email it to dsa@ucmerced.edu.
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SECTION 1: GENERAL INFORMATION

Name: _____ Title: _____ Dept: _____
 Oasis ID: _____ Email: _____ Phone: _____
 Select One: New Access Request Change Access Request Remove Access Request

SECTION 2: INQUIRY ACCESS REQUEST

INQUIRY: CatBuy/PAC (All Orgs) QDB/Ledgers (All Orgs) PAN Notices (All Orgs)

SECTION 3: PREPARER/REVIEWER ACCESS REQUEST (TRAINING IS REQUIRED BEFORE ACCESS WILL BE GRANTED)

PREPARER:

CatBuy/PAC **Dollar Limit: \$** _____ **(Dollar Limit is required for CatBuy/PAC Access Requests)**

Org: _____ Dept: _____
 Acct/CC: _____ Fund: _____
 Sub: _____ Object: _____

NonPEAR Org: _____ Dept: _____

Recharge Dept: _____ Fund*: _____

Transfer of Funds (All Orgs) (*for Acct use)

Travel Proxy Approver

Org: _____ Dept: _____
 Acct/CC: _____ Fund: _____

DSA will obtain signatures if required:

Non-PEAR Approval: _____

Recharge Approval: _____

TOF Approval: _____

Travel Approval: _____

REVIEWER:

Purchasing	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Non-Mandatory	FAU:	
Payroll	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Non-Mandatory	Org: _____	Dept: _____
NonPEAR	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Non-Mandatory	Acct/CC: _____	Fund: _____
Transfer of Funds	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Non-Mandatory	Sub: _____	Object: _____
Recharge	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Non-Mandatory		

SECTION 4: APPROVALS

Supervisor: Name: _____ Signature: _____ Date: _____
MSO: Name: _____ Signature: _____ Date: _____
Controller (DSAs will obtain signature if required): Signature: _____ Date: _____