

# 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: