Requesting Access to

**Rutgers’ Financial Management System (FMS)**

**Expense Management**

**Processing Time: The Access Team is allowed up to 5 business days to complete processing.**

**Normal processing time is within 24 hours of receipt.**

**NO Notification of Completion will be sent.**

**Use this form to:**

* Add a User who does not have access to the FMS Expense Management application.
* Update a User’s UDO, Finance Approver, and/or Default Expense Account.
* For updates to more than 15 users, please contact cloudaccess@finance.rutgers.edu.

**Users Must Be Active Rutgers University Employees**

**Requesting Access:**

* **Read the instructions on the form.**
* **Applicant Information:** All fields are required. Information will be VERIFIED.
* **Finance Approver Name:** Required: Enter the full, formal name of the Finance Approver.
* **Default Expense Account:** All segments are required. Enter a valid GL string. Cannot be a Project string.

Sample:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit | Division | Org | Location | FundType\* | BusinessLine | Account | Activity | IntraUnit | Future |
| xxx | xxxx | xxxx | xxxx | 100110150 | xxxx | 56990 | 0000 | 000 | 00000 |

\* Only Fund Types 100, 110, or 150 are allowed.

* + **Review and Approval (Required Signatures)**
* Applicant must sign the form.
* If required by the Department (Libraries, SAS, SASN, SEBS, SPH), requests for access must be reviewed and approved (via signature) by the Department’s Business Manager.
* The review and approval (via signature) of a **Dean, Director, or Department Chair**
(Class 1, Grade 8 or above; or Class 1, Grade 33S or above) is required and will be VERIFIED.
* **Requests for access will not be processed without signatures.**

Completed forms should be scanned as PDFs and emailed to: cloudaccess@finance.rutgers.edu.

Do not include this Instruction sheet.

Questions about Access? Email cloudaccess@finance.rutgers.edu

Form is

**Rutgers’ Financial Management System (FMS)**

**Expense Management Access Request Form**

1. Use MicroSoft Word to fill out this form. Tab between fields.
2. Please use full, formal names.
3. After obtaining required signature(s), email PDF of form to: cloudaccess@finance.rutgers.edu for processing.
4. Email subject line: [last name of applicant] – Expense Management Access Request.

Applicant Information (Please Print) – ALL Fields are **Required**. Effective Date:

Name:       Employee ID (8-digits):       ■

Title:       UDO #: (Unit)       (Division)       (Org)       □

Unit Name:       Employee Class:

Division Name:       Phone:

Org Name:       Rutgers Email Address :      □

Campus Address:       Net ID (in **CAPS**):       □

A- R-

**Required:**

**Finance Approver Name (PRINT)** **NetID** **\_\_\_\_\_\_\_\_ Empl ID**

**Default Expense Account – All Segments Required – Must be a GL String. (Cannot be a Project String.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit | Division | Org | Location | FundType | BusinessLine | Account | Activity | IntraUnit | Future |
|  |  |  |  | [ ]  100[ ]  110[ ]  150Choose One |  | **56990** | **0000** | **000** | **00000** |

(Required) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Applicant (Required) Applicant

(If Applicable) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Business Manager (Required) Business Manager

(Required) **PRINT NAME Net ID** (in CAPS) **Signature** Date

Name of Dean, Director, or Dept. Chair (Required) Applicant’s Dean, Director, or Dept. Chair

BPO Approval: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_