APPLICATION
For
On-Line Interdepartmental Recharge Systems Access

Applicant Information *(2 People Required)*

Name: _____ Phone No: _____

E-Mail Address: _____

OASIS Logon ID: _____

Name: _____ Phone No: _____

E-Mail Address: _____

OASIS Logon ID: _____

Account/CC: _____Fund No. _____

Fund Title: _____

Department Code _____ Department Title_____

Fund Purpose: _____

Object Code on the DEBIT side *(not 39XX)*_____

Training

Attended the On-Line Recharge class:
   a.   Provided by General Accounting: _____
   b.   From the General Accounting Tutorial: _____

Date Attended: _____

Departmental Approval

Please provide information on the responsible departmental staff who can approve such request to be granted. (E.g. CAO, CFO, or someone with financial responsibility for the organization):

Name: _____Title: _____

E-Mail: _____ Date: _____