

HP3000 ACCESS INFORMATION FORM

Please complete the following information for each employee who is to have access to the HP3000 and the QSS/OASIS systems.

Fiscal Year:

Date:

District #:

District Name:

Requisitioner: or Approver: OR Both R&A: OR Purchasing Department:

Can Modify Approval Flags:

Budget

Board

Purchasing

Yes

Yes

Yes

No

No

No

Can Generate A Purchase Order:

Yes

No

Employee Name:

Last MI First

Employee Email:

Worksites:

Worksite lines

Buyer Code: Warehouse # Shipping Location:

Type of Checking Account: Hard: Soft:

Account Number Restriction:

Restrict User to Site Number:

District Authorization: