

# BANNER Cashier Privilege Request Form



<b>Name (printed):</b>			
<b>MCTC ID#:</b>		<b>Phone #:</b>	
<b>MCTCNet Username:</b>		<b>Department:</b>	

<b>Requestor's Signature:</b>		<b>Date:</b>	
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<b>BANNER Access Type:</b>	<input type="checkbox"/> Restricted User	<input type="checkbox"/> Supervisor
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<b>BANNER Category Code Access:</b>
<p><b>Restricted User</b> Identify the categories to which the individual will need access:</p> <p>Select the <b>CHARGE (C)</b> access if the user should be able to initiate charges in this category. Select <b>PAYMENT (P)</b> access if the user should be able to enter payments in this category. Select <b>BOTH (B)</b> if the user should be able to initiate charges and enter payments in this category.</p> <p><b>Supervisor</b> Identify the Cashier username(s) to be assigned to the supervisor.</p>

<b>Code:</b>		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	<b>Username:</b>	
<b>Code:</b>		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	<b>Username:</b>	
<b>Code:</b>		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	<b>Username:</b>	
<b>Code:</b>		<input type="radio"/> C <input type="radio"/> P <input type="radio"/> B	<b>Username:</b>	

<b>Supervisor Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

<b>Dean's Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

<b>Business Services Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Questions about this form should be directed to Information Services at 696-6291.**  
After completing this form, please forward to the office of Information Services.