RF COST APPROVER ACCESS REQUEST FORM

☐ Authorize new access   ☐ Add additional access   ☐ Remove partial access   ☐ Terminate all access

Effective Date [   ]   Name of person being replaced [   ]

Principal Investigator (PI) Information:

Name	[ ]	Email	[ ]	
Department	[ ]	Person Number	[ ]	UBIT Name [ ]
Phone Number	[ ]	Official Job Title	[ ]	

Assign RF Approver Authority to the following People:

Name	UBIT Name	Person Number
Name	UBIT Name	Person Number
Name	UBIT Name	Person Number
Name	UBIT Name	Person Number
Name	UBIT Name	Person Number

Assign Approver Authority for the following accounts:

- ◆ **Award** level access includes all of the award's funded projects and tasks - to request please check *Award* box **ONLY** and specify the award number(s)
- ◆ **Project** level access includes all of the project's tasks - to request please check *Project* box **ONLY** and specify project number(s)

Check level –

PI - (*all accounts assigned to PI*)

Award(s)

Project(s)

Task(s) (*list full account #P-T-A)*

Comments: _____

PI Agreement

I hereby authorize the above person(s) to approve eReq, ePTF, Shop Blue and Travel & Expense transactions, I have read and understand the RF Security Policy, State Security Policy , and take full responsibility for their actions.

_____   _____

PI Signature   Date:

Scan and email signed form to: **business-system-access@buffalo.edu**
Please email questions regarding the completion of this form to: **business-system-access@buffalo.edu**