

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

PI Information

Name Email

Department Person Number UBIT Name

Phone Number Official Job Title

APPROVER NAMES:

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

1. For an **Award** including all funded projects and task please check *Award* line **ONLY** and specify award number(s)
2. For a **Project** including all funded task please check *Project* line **ONLY** and specify project number(s)

Check level –

PI - (all accounts assigned)

Award(s)

Project(s)

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

Comments:

PI Agreement

I hereby authorize the following 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 (*handwritten*):

Date:

This form must be submitted electronically to UBSD_DL_FINANCIALDATAREQUESTS@BUSINESS.BUFFALO.EDU

NO hand written forms will be accepted.

For questions regarding the completion of this form, please send all inquires to UBSD_DL_FINANCIALDATAREQUESTS@BUSINESS.BUFFALO.EDU.