

OnDemand Access to Bursar Reports Request Form

Submit completed form to: Karen Thomas, Accounts Receivable, Petigru College, Room 204

Last Name: _____ First Name: _____

E-Mail Address: _____ Phone Number: _____

IMS User ID: _____

Campus/School/Department: _____

___ Please grant access to the following Bursar OnDemand Reports

F930058A	DAILY CASHIER	F953338R	SPONSOR ACTIVITY- REQ
F930068M	MONTHLY CASHIER VOID/REV	F953358M	AGED SPONSOR BALANCES
F950248M	A/R BALFOR RPT	F953528B	BFRT TUIT RFND VCHR LIST
F953018D	A/R DAILY TRANSACTIONS	F953528C	COLA TUIT RFND VOUCHER LIST
F953028D	DAILY CASH RECEIPT REGISTER	F953528D	COLA LAB TUIT RFND VCHR LIST
F953038D	A/R DAILY JOURNAL ENTRIES	F953528H	HOUSING TUIT RFND VCHR LIST
F953048A	AR ADDRESS LIST SSN	F953528L	LANC TUIT RFND VCHR LIST
F953058A	MONTH END TOTALS BY DEPT	F953528R	GRS TUIT RFND VCHR LIST
F953068D	TRANSACTIONS BY PROGRAM	F953528S	SALK TUIT RFND VCHR LIST
F953178A	AR ADDRESS LIST NAME	F953528U	UNION TUIT RFND VCHR LIST
F953208M	UNDISTRIB MISMAT 1108 RPT	F953528Z	FT. JACK TUIT RFND VCHR LIST
F953238A	CONTROL MONTH UPDATE	F953558X	CREDIT BALANCE BY DEPT
F953248M	A/R TRIAL BALANCE	F953758A	A/R DIST SUMMARY
F953248W	A/R REQUESTED TRIAL BALANCE	F953768A	A/R DIST REPORT
F953278W	A/R ADVANCED LISTING	F953778A	A/R DETAIL MONTH END
F953338A	YTD SPONSOR ACTIVITY	F957058M	UNDISTRIB MISMAT 1108 TRANS
F953338M	REQ SPONSOR ACTIVITY BY DATE		

___ Please grant access to the following Bursar Report(s) not listed above

Report Number	Report Name
_____	_____
_____	_____
_____	_____

___ Please terminate access to all Bursar OnDemand Reports.

I understand that by virtue of my employment with the University of South Carolina, I may have access to data, information, systems, or files in various forms which contain individually identifiable information, the disclosure of which may be prohibited by federal or state law or by University policy. I acknowledge that the intentional disclosure by me of this information to any person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure may also violate University of South Carolina policy and could constitute just cause for disciplinary action including termination of my employment on the first offense regardless of whether criminal or civil penalties are imposed. If I am in doubt about a request, I will consult with my supervisor prior to releasing the information.

My signature denotes that I have read and understand the above statement and will comply with University policy ACAF 7.02 concerning data access.

Signature: _____ (Requestor)

Signature: _____ (Director/Department Chair/Supervisor)