



Web Finance

Account Request/Change Form

- New Application
- Additional Funds/ Orgns

Scan and email completed and signed form to drexel_finsec@drexel.edu. If you have any questions or would like to schedule Web*Finance training, please email drexel_finsec@drexel.edu

Drexel University

Drexel University College of Medicine

Academy of Natural Sciences of Drexel University

Employee Name Department

Phone Number Employee ID Email

Employee's Signature _____ Title Date

Fund Code

Org Code

Cost Center Description

User Information

Fund Code	Org Code	Cost Center Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Approvals

Prepared by Mail Stop Location Telephone Date

Cost Center Administrator/PI (Print) Signature _____ Date

Director/Dean (Print) Signature _____ Date

Vice President (Print) Signature _____ Date

BSS Department Use Only

Sent to DBA's _____ Done by DBA's _____ Fzmccus Setup _____ Notification Sent _____
 Date Date Date Date

Financial Systems Administrator (Print Name)

Financial Systems Administrator Signature

Date