

## Student Concur Access Request Form

Name (Last, First, Middle Initial)	Date
Work Address, City, ST, ZIP Code	Student ID
Primary Work Phone Number	Building and Room Number
	Email Address

**Delegate and Travel Assistant Access Only**

Confidential Data Agreement on File

Dates of Access Termination     Other:                       End of Semester     Year End (to be reviewed at Fiscal Year)

Both parties agree to comply with all University governing policies and procedures, including but not limited to; [FSU Purchasing Policy](#), [Transportation & Travel Policy](#), [Business and Special Expense Policy](#), [Guidelines Governing Financial Accounting of FSU Computer-Related Acquisitions](#), [Board of Trustee Policy](#).

I (Student) agree to abide by all University policies while using Concur and reporting expenses as a delegate.

I (Manager) agree to take responsibility for the student using Concur and will notify the Disbursements Office if the student's access should be terminated prior to the date listed above.

**Approval Signatures**

Student	Date
---------	------

Manager	Date
---------	------

**For Disbursements Use Only:**

	Date received
--	---------------

Concur Set Up	Date
---------------	------

Training Completed and Access Granted	Date
---------------------------------------	------

Disbursements Manager Approval	Date
--------------------------------	------