



THE TEXAS A&M UNIVERSITY SYSTEM

AGGIEBUY ACCESS REQUEST FORM

First Name

Last Name

UIN

Phone Number

Email Address

Department

Business Unit Roles (please check all that apply)

01-Approver

01-Department Allocator

01- Invoice Processor

1-Buyer

01-Sourcing Approver

01-Receiver

2-Sourcing & Contract Admin

01- Invoice Processor-Non PO Invoices Only

STATEMENT OF RESPONSIBILITY

I understand that I will be in violation of System regulations, State and Federal law if I gain or help others gain unauthorized access to the system above. I acknowledge that neither I nor anyone else possesses the authority to allow anyone to use my I.D. or password. I understand that if I violate System regulations and State and Federal laws by gaining or helping others gain unauthorized access, I will be subject to disciplinary action and criminal prosecution to the full extent of the law. (Chapter 33, Title 7 of the Texas Penal Code). I accept the responsibility of keeping the reports and information confidential. I understand, accept and will complete training related to the software provided to me by Texas A&M System. Misuse or abuse of this responsibility as User/Supervisor may be just cause for revocation of software access and disciplinary action. I agree further not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

User Printed Name

User Signature

Date

Supervisor Printed Name

Supervisor Signature

Date