

**CENTRAL ALABAMA COMMUNITY COLLEGE
Budget Center Authorization Request**

Budget Center Name _____

	<i>Yes</i>	<i>No</i>	<i>Remove Access</i>
Submit Requisitions	_____	_____	_____
Make Budget Changes	_____	_____	_____
Approve Requisitions/Budget Changes	_____	_____	_____

Justification for access to this Budget Center (To be completed by Requesting Employee)

Requested by – Please print name _____

Printed Name *Date*

Dean’s Approval/Signature: _____

Signature *Date*

Institutional Effectiveness,
Research and Compliance Approval _____

Signature *Date*

For IT, BO and IERC Use Only:

<i>Action Taken</i>	<i>Initial</i>	<i>Date</i>
Information Technology (IT) Processed		
BO Process Completed		
BO Notified User Access Completed		
Logged in Audit File By IERC		