

# Application for WINGS Express Finance & WrightBuy Access

Name: \_\_\_\_\_ Staff or Faculty or Student

Banner UID: U \_\_\_\_\_

Dept/Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

**When completed, send this form to: CaTS Help Desk – 025 Library Annex**

## Finance

Provides access to financial and budget information.

Business Manager signature (required) \_\_\_\_\_

Fund/Org Access \_\_\_\_\_

Payroll Expense Detail Query:

Yes  No

Link to Xtender Finance Docs:

View  Both View & Attach  None

## WrightBuy

**IMPORTANT:** The Finance section above must always be filled in even if only Wright Buy is selected. Wright Buy references Finance information to function.

Provides access to purchase requisitions and purchasing information.

Business Manager signature (required) \_\_\_\_\_

Please fill out the following information:

First and Last Name: \_\_\_\_\_

Campus account username: \_\_\_\_\_

Email: \_\_\_\_\_

Department Code (Banner Level 5 Org): \_\_\_\_\_

Additional Department Access (Banner Level 5 Org): \_\_\_\_\_

Check the following roles needed:

- |  |   |
|--|---|
| <input type="checkbox"/> Requestor Science | <input type="checkbox"/> Requestor Non-Science                                |
| <input type="checkbox"/> Requestor Procard | <input type="checkbox"/> Desktop Receiving                                    |
| <input type="checkbox"/> Approver          | <input type="checkbox"/> Shopper (can shop catalogs only; cannot place order) |

I agree that I will use the information obtained from WSU WINGS Express systems for only authorized purposes required of my position and that I am responsible for any action taken through the use of my account. I understand any unauthorized use will result in the loss of my account. By signing this application, I indicate my understanding and acceptance of the responsibilities as a WSU Banner systems user.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

I verify that the applicant for which I am responsible is a WSU faculty/staff/student employee and has a legitimate business need to access the information available through WSU WINGS Express systems.

**Authorized Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_