Channel Islands

Transact Access Request Form

Student Business Services

Phone: 805-437-8810

Mail Code: 920201

Application Type: New   Disable   Change

I. Employee Information: *(all fields mandatory)*

CSUCI ID:_____   Status: (Choose One)   Student: Staff:

Name: (*Last, First, MI*)_____

Email:_____@csuci.edu   Job Title:_____

Department:_____Location/Bldg/Rm:_____Ext:_____

II. Group Code: *(Choose an option below that closely resembles your Transact needs)*

___ **ADMIN** (**SBS Administrators Only**): Full system access to create and modify all items within system including customer, eMarket components, batch maintenance and full reporting access, create payments/refunds, and setup operators/security Groups.

___ **Cashier (SBS Office Use Only):** Operator has full permission to cashier transactions, perform transaction inquiries, run reports and save personal reports.

___ **Accounting**: Members of Finance Team with will reporting access to all departments. Can create and save personal reports. No cashiering access.

___ **Dept:** Create, edit, and view departmental deposits within own department. Ability to perform inquiries and run reports within own department.

___ **eMRKReport:** eMarket Reporting to selected merchants. Ability to save private reports. No cashiering access.

III. Department Code:

(ACAD) Academic Affairs   Accounting   (ASI) Associated Students

(Conf Event) Conference & Events   CSA (Site Authority)   (EXT ED) Extended Education

(FDN) Foundation   Housing   Library   Main (for SBS use only)   Parking

(SA) Student Affairs   (UAS – UGS) University Auxiliary Services

IV. Review Cash Handling Procedures:

Submit signed [Quick Reference Guide & Acknowledgement](#) form to your College/Department Financial Manager.

Date:_____

V. Applicant Signature:

I understand that Transact eMarket system contains sensitive and confidential information. As a condition of utilizing this system I agree to maintain the privacy and confidentiality of the information and data that I obtain.

Applicant Signature:_____Date:_____

(By Signing this form, I am agreeing that the above information is true and correct)

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VI. Approver Signature(s):

Supervisor/Financial Mgr/Director Signature: _____ Date: _____

*(Return the completed & signed application to **Student Business Services, cashnet@csuci.edu**)*

VII. Approval for New Cashiering Location Only*:*

CFO or Designee Signature: _____ Date: _____

Student Business Services Use Only:

Date Received: _____ Processed By: _____ Date Processed: _____