Concur Supplemental	Form for	Employee	Access	Updates

Employee User Information		Contac	Contact for Questions about this Request				
EmplID	Employee Nan	ne Contac	Contact Name Contact Pho		2		
Required Ac	<u>cess Updates</u>						
Check the ap	plicable box(es) and p	provide necessary info	rmation below:				
Update 1	the default cost cente	r***					
	ault Cost Center I-Dept-Program-ProjectID)						
Add the	above employee's ne	wly issued UH System	Vendor ID for reim	bursements:***			
Vendor	ID (10 digits)						
	nove approver role fo s and Expense Report	r the above employee s in Concur:	to approve other e	employee's Travel			
Add	or Remove						
	Certifying Signatory Ro	ole* D	Dept ID		State	Local	
🗌 u	Jnit Head Role **	D	Dept ID		State	Local	
	nove delegates who c on behalf of the abov	an approve other emp e employee:	oloyee's Travel Requ	uests and Expense			
Add	or Remove		EmplID	Employ	yee Name		
	Delegate for Supe	ervisor Bole	·				
Delegate for Certifying Signatory*							
		.,,					
	Delegate for Unit	Head					
Add/Rer	nove the Cash (Travel) Advance eligibility					
	Add						
	Remove	Name of CDA to approve	EmpliD	of the CDA	CDA Signature		
**Note: Empl	loyees can only be a Uni	ole can only be assigned t Head or a Certifying Sig is needed for this chang	natory in Concur, not	both.			
			Applicant Signat	ure	Date		
CDA or DBA	Name		CDA or DBA Signature		Date		