Agency Administrator
Vendor Payment Related Data in Enterprise Reporting Standard Reports and Web Intelligence

AGENCY #:	
AGENCY NAME:	

*The person in **Box 1** is designated as Agency Administrator to approve or deny access by agency staff to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence that is not owned by this agency.* http://ofm.wa.gov/resources/data_access/DA_Access_Levels_Groups.xlsx

Box 1 - AGENCY ADMINISTRATOR:		
☐ Add	Printed Name:	Phone # w/area code:
☐ Delete	Email:	
Signature:		Date:

*The person in **Box 2** is the agency's director or director's designee and by signing is granting the person in **Box 1** the authority to approve or deny access by agency staff to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence that is not owned by this agency.*

Box 2 - APPROVAL OF AGENCY DIRECTOR OR DESIGNEE:	
Signature:	Phone # w/area code:
Printed Name:	
Title:	Date:

Send **original** form to:	Office of Financial Management **ATTN**: Enterprise Reporting PO Box 41433 Olympia, WA 98504-1433
OFM USE ONLY	
System security changes made by:	Date