CONCUR ACCESS REQUEST FORM

Please fill out all sections, sign, date and submit the completed form to the Controller's Office. You can either scan or fax the document. Please send scanned form to nrandol@tulane.edu or fax to 862-8575.



NAME	
DEPARTMENT #	
DEPARTMENT NAME	
TULANE EMAIL ADDRESS (INCLUDE @ TULANE.EDU	
WORK PHONE NUMBER	

ROLE-TRAVELER: WILL BE SUBMITTING EXPENSE REPORTS	PLEASE CIRCLE ONE OF THE FOLLOWING:	YES	NO
ROLE- APPROVER: WILL BE APPROVING EXPENSE REPORTS AND INVOICES	PLEASE CIRCLE ONE OF THE FOLLOWING:	YES	NO
ROLE- INVOICE/VENDOR PAYMENT PREPARER AND SUBMITTER	PLEASE CIRCLE ONE OF THE FOLLOWING:	YES	NO
ROLE-WILL ASSIGN A DELEGATE TO PREPARE MY TRAVEL AND EXPENSE REPORTS	DELEGATE'S NAME		
ROLE-DELEGATE WHO WILL PREPARE EXPENSE REPORT FOR TRAVELER(S)	NAME(S) OF TRAVELER		

Will you need access to the Cash Advance Module? Access is allowed for foreign travel and only if you tra	veled	
out of the country last fiscal year. You will need to contact Lisa Leblanc in Accounts Payable for access.	🗍 Ye	25

TRAINING ATTESTATION STATEMENT				
I certify that I have attended Concur training or have completed the required simulations on the Tulane Concur Training Portal pertaining to the role I will be performing. I have read and understand the Concur Travel & Expense Manual as well as the Invoice Manual. I have read the Purchasing and Expense Policies and Procedures on the TAMS Website and will adhere to all policies and procedures.				
Employee Signature	Date Signed			
Department Head/Chair	Date Signed			