



UNIVERSITY & STUDENT BUSINESS SERVICES
Accounts Receivable/Banner AR Training Session

Date:

Department:

Attendees:

Name **Title**

Name **Title**

Name **Title**

Name **Title**

Name **Title**

I acknowledge that the above named employees have attended the USBS Accounts Receivable/Banner AR training session and hereby authorize Banner AR access as per request form. I further understand that I will be held responsible for any unauthorized activities conducted by the above-named employees.

Printed Name **Title**

Department Head Signature **Date**

USBS Training Specialist **Date**

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