AP Portal Applications Access Request Form
Use this form to request new user access, user changes or removal of access. Please check **one** box for each item below.
This authorization will remain in effect until revoked.

Agency: _____ A/P Agency #:_____

Employee name: _____

Request Type:
- ☐ Grant access
- ☐ Update access
- ☐ Remove access

PO Reduction Form:
- ☐ Keyer
- ☐ Authorizer
- ☐ No access

IRS W-9 Form Access:
- ☐ No
- ☐ Yes

Void/Reissue Form:
- ☐ Keyer
- ☐ Authorizer
- ☐ No access

Can Self-approve:
- ☐ No
- ☐ Yes

Approver name (Please print): _____

Approver signature: _____

Title: _____Date: _____