

Western University of Health Sciences
BUDGET COORDINATOR AUTHORIZATION FORM
Operating, Capital and Salary Budget
Fiscal Year 2014 / 2015

*Please check the necessary boxes to indicate user access.

Dean / Director / Vice President	Organization Number	Organization Name	Designated Budget Coordinator	Workday	W Drive Budget Folder <u>WITHOUT</u> Salary Access	W Drive Budget Folder <u>WITH</u> Salary Access