

Assistance Request Form

Please complete and return via email to fasasap@fas.harvard.edu to request and schedule assistance.

Requestor Name: Department Name: Phone:	Supervisor Name:		
		Email:	Email:
		Request Date:	
☐ General Ledger			
☐ Journal Voucher	ADI Spreadsheet		
	☐ INTRA (within ORG)☐ INTER (outside ORG)		
☐ Purchasing Card (PCard)			
☐ PCard Review			
☐ Vendor Request			
☐ Vendor Setup			
☐ Travel			
☐ BCD/Harvard Travel Authorizations	Concur		
	CITI Corporate Card Payments		
	U Out-of-Pocket Expenses		
☐ Harvard Crimson Marketplace (HCOM)	□ Non Catalog		
☐ Marketplace	☐ Non-Catalog		
☐ Payment Requests	Non-Employee Reimbursements		
Receiving, Returns & Receipts			
☐ PeopleSoft			
☐ Time Reporter	☐ Time Approver		



PeopleSoft (continued)	
PeopleSoft Reports	☐ Absence Reporter
☐ Absence Approver	Student Quick Hires
☐ ASPerIN - Faculty	
☐ Process Appointments/Actions	
Aurora - Staff	
Lookup	☐ Process Appointments/Actions: TA/TF
Reporting	Process Appointments/Actions: TEMP/LH
■ Administrative Help	
☐ G/L Reconciliation	Other Duties Related to Financial
Please Describe:	
ASSIGNMENT TIME PERIOD	
ASSIGNMENT TIME PERIOD Anticipated Start Date:	Anticipated End Date:
Anticipated Start Date:	
Anticipated Start Date:der to use ASAP services effectively, departmen	nts should have the following prepared in advan
Anticipated Start Date:	
Anticipated Start Date: der to use ASAP services effectively, department or Journal Transactions: - Information for Journal Description field - 33-digit debit & credit codes	For Concur Employee Reimbursements – Citi Payments & Out of Pocket: – Detailed business purpose: Why and Date
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ASAP USE ONLY:

Team Member: AV JBB	Date Contacted:
realli MelliberAVJBB	Date Contacted.