

# Business & Finance

Nashville State Community College  
120 White Bridge Rd  
Nashville, Tennessee 37209



## **Banner Finance Authorization Form**

This form must be completed for employees whose duties require them to access the finance database collections in the Banner and SciQuest systems for departmental budgeting and requisition purposes. A new form is required and time a change in employment status occurs.

A Number: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Fund & Organization Accounts**

<u>Fund</u>	<u>Org</u>	<u>Action</u>	<u>Fund</u>	<u>Org</u>	<u>Action</u>
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Note: Org 50005 will be added to all employees that Prepare Requisitions in SciQuest

### **Level of Access Required**

Select all that apply:

- Budget Access in Banner and Self Service
- Prepare requisitions in SciQuest (if selected, completion of a **Statement of Interests Form** is required)
- Approve requisitions in SciQuest (if selected, completion of a **Statement of Interests Form** is required)
- Business Office or Bursar Employee
- Remove all authority
- This form replaces all existing forms
- This form adds to all existing forms

Signatures:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please send completed form to the Finance Office, Room W-28**

## ***Business & Finance***

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Member of



### ***Statement of Interests***

**Instructions:**

This form is used to report interests required to be disclosed under [TBR Policy 1:02:03:10](#). This form must be updated annually or whenever changes have occurred.

**Note:**

An amended Statement of Interest must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Date of Disclosure:

A Number:

Employee Name:

Title:

Address:

City:

State:

Zip Code:

There are no changes to conditions since my previous report.

**If there are changes or you have not completed this form previously, please answer the following questions:**

**Sources of Income:** List major source(s) of private income, including professional services (such as attorney, accountant, or architect fees) or retainer fees, of more than \$1,000 and that of your spouse or minor child residing with you. "Major sources of private income" include, but are not limited to, offices, directorships and salaried employments. No dollar amounts required.

**Investments:** List any investments by you, your spouse or minor children residing with you in any corporation or other business organization in excess of ten thousand dollars (\$10,000) or five percent (5%) of the total capital. The name of the corporation or organization must be listed but no dollar amounts or percentages of the investment need to be stated. Please exclude mutual funds, 401K, 457 and 403b, Roth IRAs, and investments offered through the retirement system. Attach additional pages if needed.

**Family Members:** List the names of any company which a family member either owns or owns a 4% or more interest. (Immediate family is defined as: parents, parents-in-law, brothers, sisters, brothers-in-law, sisters-in-law, children or step-children, grand-parents or grand-parents-in-law or anyone else who resides in your household).

**Use of Educational Materials From Which a Faculty Member Derives Financial Benefit in That Faculty Member's Teaching Activities:** Any Faculty member who wishes to use in his or her teaching activities educational materials (e.g. a textbook) which he or she authored, and in which he or she otherwise stands to benefit financially from such use, a conflict of interest disclosure shall be made. Whether the use of such materials shall be permitted shall be evaluated by the Dean of the Division. Such evaluation shall include consideration of suitable substitute materials and ensure that the needs of students are best served by use of the materials in which the faculty member has an interest. List the names of any such materials:

**List Any Additional Information You Wish to Disclose:**

Signatures (must be attested to by a witness):

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, do hereby witness the above signature which was signed in my presence.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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