GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF FINANCE

FINANCE MEMORANDUM NO. 01-2012

TO:

DEPARTMENT AND AGENCY HEADS

SPECIAL ATTENTION:

Directors, Business & Administrative Services Fiscal Officers and Federal Program Officers

FROM:

Ángel E. Dawson, Jr.

Commissioner

DATE:

October 7, 2011

RE:

Request for Updated Information for Financial Transaction Processing Staff

As you are aware, some of the recent retirees from your department/agency conducted financial transactions on the ERP system. Now that they are no longer with your department/agency, we are requesting that immediate action be taken as follows:

- Submit to the Department of Finance, via formal correspondence, the names of all retirees who once had access to ERP resources;
- Submit to the Department of Finance, via formal correspondence, updated approval and access forms for new users and new approvers of transactions in the ERP system;
- Submit to the Department of Finance, via formal correspondence, the names and signature cards for all replacement staff, who will be required to tend cash transactions, (including collectors and petty cash custodians) and certifying officers.

In so doing, expeditious processing of financial transactions can be maintained.

Attached herewith are sample user access and authorization forms. These forms can be obtained from our web site at http://www.usvifinance.info/html/Forms.html. Designation of collector's cards and signature cards are available at the Department of Finance.

The Department of Finance looks forward to your usual cooperation.

|ERP User Access and Associated Tasks Request

	10.00				New User (Y)	
Authorized Approval for Access:	Instructions:				Last Name	Name of Dept/Agency:
val for Access:	 Enter the name of yo Enter each ERP use Place an 'X' in the co Request for user acc 			-	First Name	
	ur department; r's Last Name, First Name and I lumn that signifies the ERP rela ess must be authorized by the a				Division Name & Code Number	
	Middle Initial, Divisi ated category that t				Job Title	
Title:	 Enter the name of your department; Enter each ERP user's Last Name, First Name and Middle Initial, Division, Division Code, Job Title and Telephone Number; Enter (Y) for New User; Place an 'X' in the column that signifies the ERP related category that the employee needs access to in order to perform their duties; Request for user access must be authorized by the agency head or designee and forwarded to the Director of MIS at the Department of Finance. 				Phone Invoice Entry Invoice Ing. Budget Prep Poling &	
	Telephone Number; Ent order to perform their du ctor of MIS at the Depart				Reg. Entry Cash Rec. Entry General Billing	
	אר (Y) for New User; ties; ment of Finance.				Stants Accounting Payroll Time & Atter H.R. Entry Approvals	
						W.

DOF-FMS-SEC-1

Signature:

Date:

ERP System Authorization for Approvals Government of the Virgin Islands

Approval for	Approval for (Module):		
Approval for	Approval for Department:		
	A		
Level	Approver's Name	Title	Criteria for Approving
			(Occ Follows)
		_	
	27		

Authorized by:
Title:
Date:

PG=Program/Location; B=Budget Category; PJ=Project Instructions: Enter the name of the ERP Module (Req, A/R, Payroll, etc) Legend for Criteria: FU=Fund; FN=Function; I=Island; DP=Department; DV=Division; A=Activity;

Enter the Department Name and Number

Approval Level: 1 to 3,4,n (where 1 is first approver - lowest, and n is highest)

The Criteria will determine exact transactions for which the approver has authority; eg: if the approver is authorized for all documents at the department level, enter 'DP' and the Department Code (DP=3900');

Multiple criteria can be included (DP=xxxx; DV=xxxx; PJ=xxxx)

Tyler Form Processing Electronic Signature Sheet

Please complete one sheet for each signed printing application. Joanne Lord must receive this form prior to your conference call. Failure to follow any of these directions may result in the delay of processing your request and/or additional charges. We appreciate your cooperation and attention in this matter.

Step One: Please fill in:		
Organization Name: Laser Printer, Make and Model:		
Printing Application: [] Payroll Check [] Accounts	Payable Checks [] Purchase Order	[] Other
height and width dimensions of t	de the three appropriate boxes below. the boxes. DO NOT sign on box lindable, and therefore will not ap	es – anything outside of
FIRST SIGNATURE To be the top signature on this form Please sign INSIDE all three boxes below	SECOND SIGNATURE To be the middle signature on this form Please sign INSIDE all three boxes below	THIRD SIGNATURE To be the bottom signature on this form Please sign INSIDE all three boxes below
PRINTED NAME OF SIGNATURE ABOVE	PRINTED NAME OF SIGNATURE ABOVE	PRINTED NAME OF SIGNATURE ABOVE
TITLE	TITLE	TITLE
TITLE TO APPEAR ON CHECK [] YES [] NO	TITLE TO APPEAR ON CHECK [] YES [] NO	TITLE TO APPEAR ON CHECK [] YES [] NO
Cham Thuas		

Step Three:

This sheet **must** be submitted via mail or overnight carrier. No fax transmissions or photocopies will be accepted.

MAIL TO: Joanne Lord Tyler Form Processing 370 US Route One Falmouth. ME 04105



Site Name: USVI

TylerForms Output Management Electronic Signature Sheet Signature Sheet for USVI NOPA Forms

Department Name:	(MUST BE PROVIDED)
Department Number:(MUST BE PROV	/IDED)
Printing Application: Notice of Personnel Acti	ion Forms
Sign your name in black ink (not felt tip marke Signatures cannot exceed the height and width box lines – anything outside of the whi readable and therefore will not appear	dimensions of the boxes. DO NOT sign on the te space of the inner box will not be
	ted via mail or overnight carrier. photocopies will be accepted.
AGENCY HEAD SIGNATURE Sign INSIDE all three boxes below.	CERTIFYING SIGNATURE Sign INSIDE all three boxes below.
PRINTED NAME OF SIGNATURE ABOVE	PRINTED NAME OF SIGNATURE ABOVE
TITLE	TITLE
TITLE TO APPEAR ON NOPA: ☐ YES ☐ NO	TITLE TO APPEAR ON NOPA: ☐ YES ☐ NO