



**Office of University Bursar**  
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## Commerce Manager Access – Request Form

Departmental personnel seeking access to view payment activity in Commerce Manager must complete this form. The Commerce Manager Reporter role will allow authorized employees to access departmental payment transactions in Commerce Manager on demand. Reporters will also be able to view customer detail that will aid in reconciliation. Upon completion of this form, signature of a department head and Bursar’s Office approval, an administrator will configure a user profile. This will prompt an email to the requestor containing a link to follow and create a password. Return completed form to the Office of the University Bursar, attention Becky Ford, MC 0143, or through email at [huffmanb@vt.edu](mailto:huffmanb@vt.edu).

**Please provide all information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department/Division: \_\_\_\_\_ ID# \_\_\_\_\_  
 Email: \_\_\_\_\_ PID: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Brief description how user will utilize Commerce Manager reporting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**User Responsibility:**

I recognize that I am responsible for protecting confidentiality and security for all data to which I have access. In addition, to comply with Payment Card Industry Data Security Standard (PCI DSS), I understand that no primary credit card account numbers or cardholder data can be sent or received via email. In addition, I understand I am responsible for any data accessed by someone other than myself with my Commerce Manager username and password. I certify that I have completed the Introduction to Payment Cards Training provided by the Bursar’s Office via Professional Canvas: <https://profdev-lms.tlos.vt.edu/courses/2112> After completing the training, I also completed the Virginia Tech Payment Card Security and Confidentiality Agreement: [https://www.bursar.vt.edu/content/dam/bursar\\_vt\\_edu/forms/Payment-Card-Security-Agreement-Revised-2020.pdf](https://www.bursar.vt.edu/content/dam/bursar_vt_edu/forms/Payment-Card-Security-Agreement-Revised-2020.pdf)

\_\_\_\_\_  
*Requestor* \_\_\_\_\_  
*Date*

**Request Approval:**

I understand that it is my responsibility to notify the Bursar’s Office if this access becomes unnecessary due to a change in position and/or job duties.

\_\_\_\_\_  
*Dean/Director/Department Head* \_\_\_\_\_  
*Date*

**OUB Use Only**  
 Date received: \_\_\_\_\_ Date Commerce Manager Access established \_\_\_\_\_ Initials: \_\_\_\_\_