



Assistance Request Form

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

Requestor Name: _____

Supervisor Name: _____
(if applicable)

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Department Name: _____

Request Date: _____

General Ledger

Journal Voucher

ADI Spreadsheet

Purchasing Card (Pcard)

Pcard Review

Vendor Request

Vendor Setup

Travel

Travel Authorizations

Concur

Harvard Crimson Marketplace (Hcom)

Marketplace

Non-Catalog

Payment Requests

Non-Employee Reimbursements

Receiving, Returns & Receipts

Payroll

ASPerIN/Aurora Appointments

PeopleSoft Time & Labor

Student Quick Hires

Administrative Help

G/L Reconciliation

Other Duties Related to Financial and/or HR Transactions

Please Describe: _____

ASSIGNMENT TIME PERIOD

Anticipated Start Date: _____

Anticipated End Date: _____

In order to use ASAP services effectively, departments should have the following prepared in advance:

For Journal Transactions:

Information for Journal Description field

33-digit debit & credit codes

For payroll-related journals, include HUID and individual's full name

For Concur Employee Reimbursements - Citi Payments & Out of Pocket:

Detailed business purpose: Why and date

Report header

29-digit billing code

Commonly use expense types

Scanned receipts or MRA

For HCOM Transactions & Non-Employee Reimbursements:

Detailed business purpose: Who, what, when, where, why

33-digit billing code

Signed, original or HCOM Non-Employee Reimbursement form

Original receipts or MRA

Signed invoice

For Time & Labor Transactions:

Completed timesheets (hours worked and HUID) signed by approver/supervisor

For ASPerIN/Aurora Transactions:

Completed I-9

33-digit billing code

For HCOM Transactions:

Quote/pricing obtained from vendor for Non-Catalog request

33-digit billing code

ASAP USE ONLY:

Team Member: AV JBB

Date Contacted: _____