

Section 1: Preliminary Steps to Gain Access to STARS

**Section 1:**  
**Preliminary Steps to Gain Access to STARS**

**I. Gaining Access to WVFIMS**

- 1) All cardholders reconciling their purchases in STARS, will need to request access to WVFIMS.
- 2) The form "Request for Access to WVFIMS" (shown below) will need to be filled out and submitted to Charlotte Allman in the University Accounting Office. Anyone who will be doing data entry/reconciliation on cards for Marshall University and Marshall Community and Technical College will need to fill out a Request for Access to WVFIMS form for each.

Request for Access to WVFIMS (West Virginia Financial Information Management System)	
Please	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE the following WVFIMS User Profile
_____	
Organization Information	
_____	Date _____
Org Name _____	Division _____
Building _____	Room _____
Street Address _____	
_____	
_____	
User Information	
Non-FIMS Logon	<u>No</u> _____ (Yes/No)
IS&C User ID _____	Menu Group <u>MUF</u> _____
First Name _____	Last Name _____
Phone Number _____	Extension _____
User Org Number _____	Payroll Inquiry <u>No</u> _____ (Yes/No)
Authorization Org Number _____	Comment On 'COM'/DEL' Documents <u>Yes</u> _____ (Yes/No)
Transaction Approval <u>No</u> _____ (Yes/No)	
CICS Printer ID <u>MUP5</u> _____	Signature Sheet Entry <u>No</u> _____ (Yes/No)
E-Mail Address _____	
Agency Department Head _____	Date _____
=====	
(TO BE COMPLETED BY WVFIMS STAFF)	
System Entry Completed By _____ Date _____	
RACF Connect _____	RACF Disconnect _____

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- a) Add should be checked to create new WVFIMS user profiles for anyone who does not already have access.
  - b) Marshall University (including the School of Medicine) or Marshall Community and Technical College, as applicable, should be entered as Org Name.
  - c) Department name should be entered as division, and all other information related to the address of your campus location should be entered.
  - d) Non-FIMS logon should be marked as no, and the IS&C user ID should be left blank.
  - e) Everyone's menu group will be **MUF** (MU Finance).
  - f) First Name, Last Name, Phone Number, and email address for the WVFIMS user will then need to be entered.
  - g) The WVFIMS user org numbers are 0471 for Marshall University (including the School of Medicine) and 0444 for MCTC, as needed.
  - h) Payroll Inquiry, Transaction Approval, and Signature Sheet Entry should all be marked as **No**.
  - i) The authorization org numbers are 0471 for Marshall University (including the School of Medicine) and 0444 for MCTC, as needed
  - j) Comment on 'Com'/'Del' Documents should be marked as Yes.
  - k) The University Controller will sign as agency department head after the documentation is forwarded to the University Accounting Office.
  - l) Once the user id and password are assigned by IS&C for each user, the login information will be emailed to the address given on the request form.
  - m) The P.A.S. No. for login to FIMS is 586pcr for Marshall University (including the School of Medicine) access and 044pcr for Marshall Community and Technical College access.
- 3) The following are basic rules related to FIMS passwords:
- a) Passwords must be changed at least once every 35 days.
  - b) A password cannot be reused until at least 12 other passwords have been used in the interim.
  - c) The user id is revoked after 5 consecutive unsuccessful password attempts.
  - d) The system will notify the user, at logon, 3 days ahead of password expiration.
  - e) Passwords must be at least 5 characters, but no more than 8, in length and must include at least 1 alphabetic character (or national character #, @, and \$) and 1 numeric character.
  - f) User ids will be revoked after 35 days of inactivity.
  - g) User ids will be deleted after 180 consecutive days of inactivity.
  - h) Anyone who needs to have their access reset will need to contact the University Accounting Office.
- 4) Anyone wishing to have access to STARS for data entry/reconciliation or inquiry must fill out sections 1 and 2 of the **STARS User Information Form**, shown below, available on the accounting website website at: <http://www.marshall.edu/accounting>. Everyone completing the form will need to fill out the user information at the top of the form and obtain the necessary signatures at the bottom of the form. If you will be doing data

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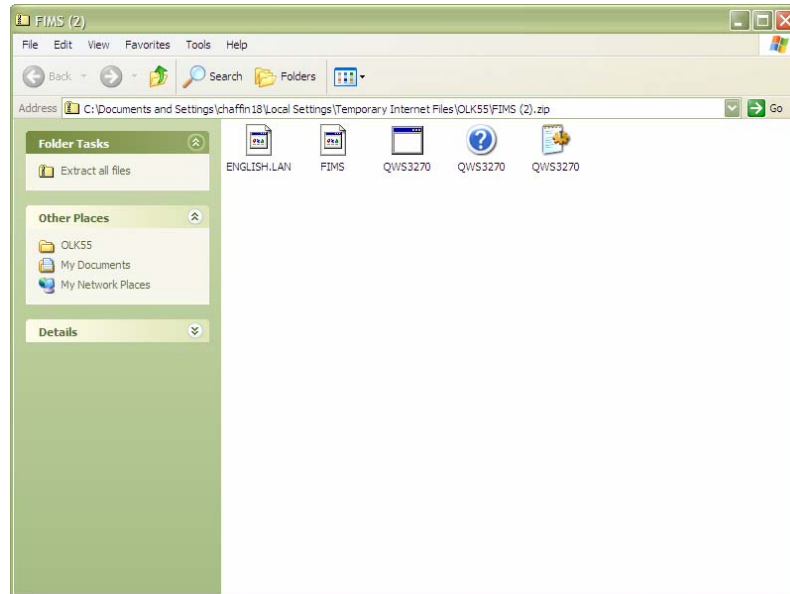
entry/reconciliation for a card you will need to complete section 1. If you will not be doing data entry and only wish to have inquiry access, you will need to complete only section 2. If you wish to be excused from doing data entry, you will need to complete only section 3.

STARS User Information Form		
Printed Name _____	Last 4 Digits of Card Number _____	
Department _____	Phone _____	
Email _____	Alternate Contact _____	
I. Please list all cards (including your own) that you will be responsible for doing data entry and reconciliation activities:		
<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Please attach additional information if space is needed.)		
II. Please list all cards that you wish to have inquiry access only (NO data entry):		
<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Please attach additional information if space is needed.)		
III. If you are wishing to have an exception from doing your own data entry, please mark the reason below:		
<input type="checkbox"/>	I make fewer than ten purchases a year.	
<input type="checkbox"/>	Neither I nor anyone in my department have convenient access to a computer.	
<input type="checkbox"/>	Other (Please explain) _____	
_____		
_____		
<input type="checkbox"/>	Approved	<input type="checkbox"/> Disapproved
		Associate Vice President for Finance
Cardholder (User) Signature _____		Immediate Supervisor Signature _____
Spending Unit Budget Officer Signature _____		Dean or Vice President Signature _____

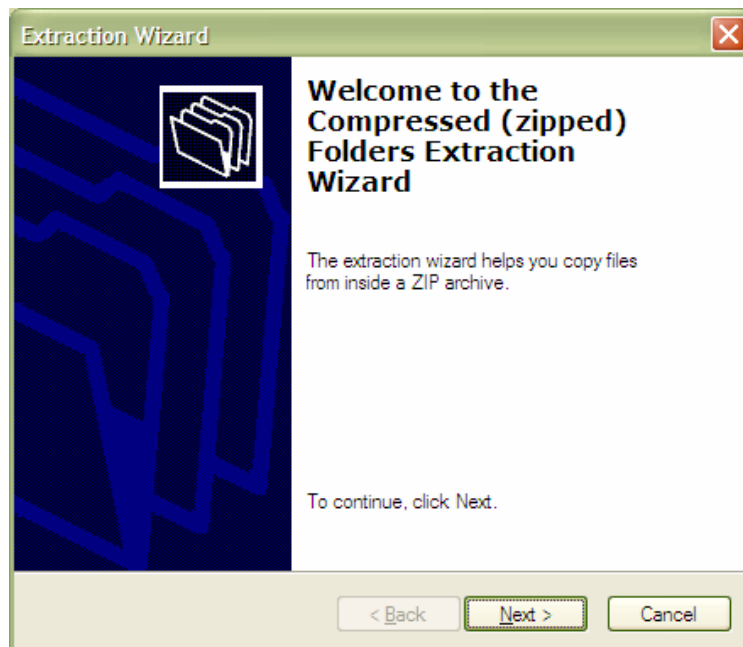
5) Anyone who will be performing data entry or reconciliation activities in STARS on a card other than their own must follow the instructions in Section II.

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- 6) After Fims access has been granted, all users will need to provide a link to WVFIMS from their computer through the following procedures.
  - a. Double-click the zipped icon titled FIMS.ZIP on the University Office of Accounting website and save to your desktop. Double-click the icon for QWS3270 that is in the middle of the five options shown below, and in the window select Extract All.

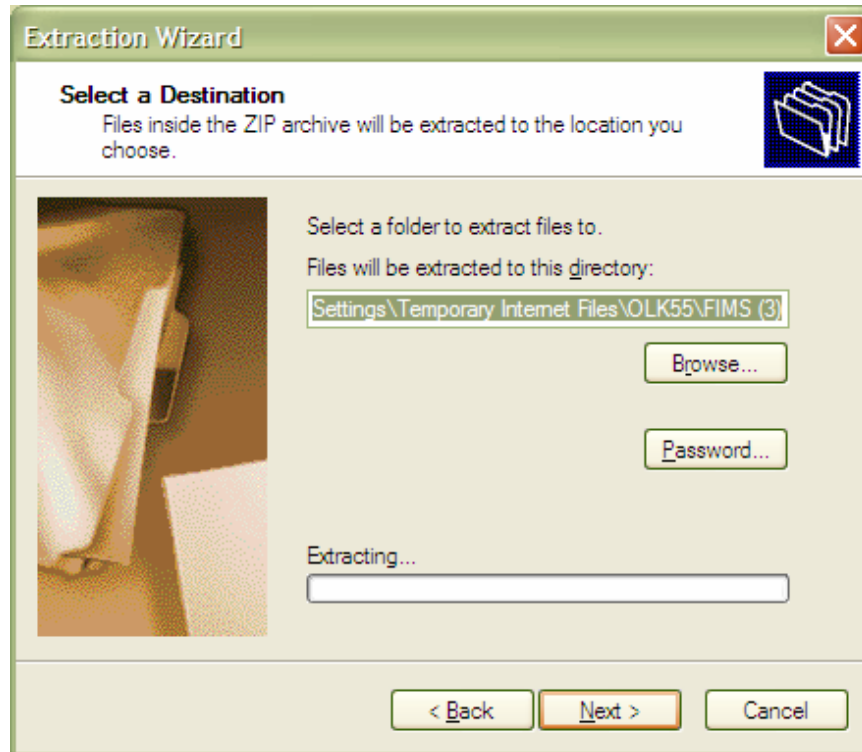


- b. The extraction wizard should then begin. Select Next on the opening screen, shown below.

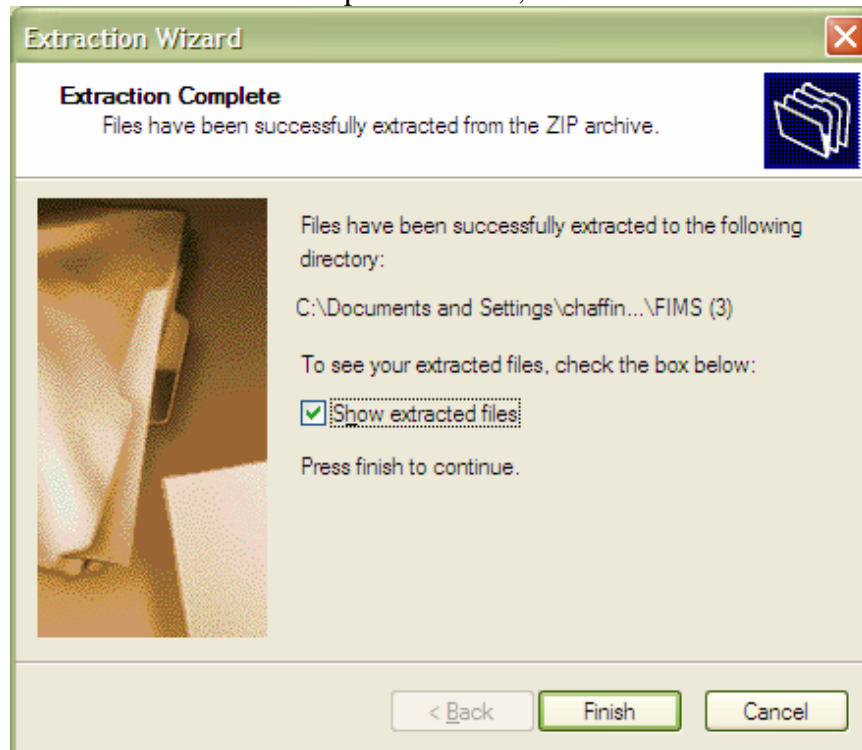


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- c. Verify the directory where you wish the files to be stored, and select Next on the Select a Destination window, shown below.

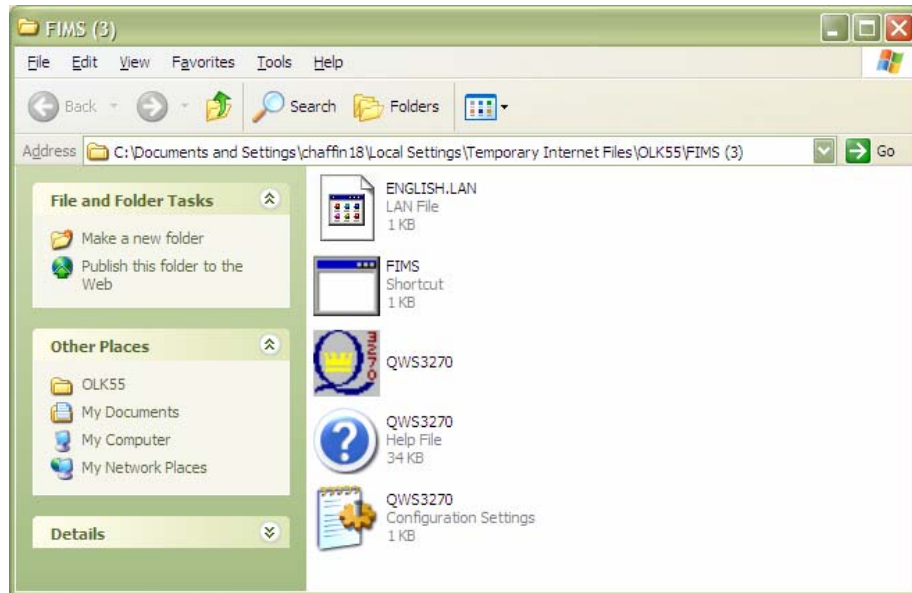


- d. On the extraction complete window, select finish.



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- e. Locate where the directory is stored on your computer (the window shown below should automatically appear when finish is selected).



- f. Highlight this icon in the window: Qws3270.exe  
Right click, and select send to and desktop (create shortcut).
- g. This icon can be double-clicked, and the WVFIMS login screen will appear.
- h. The link you created on your desktop for FIMS.ZIP can then be deleted.

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**II. Access for Data Entry or Inquiry on a Card other than Your Own**

- 1) Anyone wishing to have access to STARS for data entry/reconciliation or inquiry must fill out sections 1 and 2 of the **STARS User Information Form**, shown below, available on the accounting website website at: <http://www.marshall.edu/accounting>. Everyone completing the form will need to fill out the user information at the top of the form and obtain the necessary signatures at the bottom of the form. If you will be doing data entry and reconciliation, you will need to list all cards you wish to have data entry access for in section 1. If you wish to have inquiry access, you will need to list the cards you wish to have inquiry access for in section 2.

STARS User Information Form		
Printed Name _____	Last 4 Digits of Card Number _____	
Department _____	Phone _____	
Email _____	Alternate Contact _____	
I. Please list all cards (including your own) that you will be responsible for doing data entry and reconciliation activities:		
<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Please attach additional information if space is needed.)		
II. Please list all cards that you wish to have inquiry access only (NO data entry):		
<u>Printed Cardholder Name</u>	<u>Last 4 Digits of Card Number</u>	<u>Cardholder's Signature Approval</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Please attach additional information if space is needed.)		
III. If you are wishing to have an exception from doing your own data entry, please mark the reason below:		
<input type="checkbox"/>	I make fewer than ten purchases a year.	
<input type="checkbox"/>	Neither I nor anyone in my department have convenient access to a computer.	
<input type="checkbox"/>	Other (Please explain) _____	
_____		
_____		
<input type="checkbox"/>	<input type="checkbox"/>	Approved Disapproved
_____ Associate Vice President for Finance		
Cardholder (User) Signature _____	Immediate Supervisor Signature _____	
Spending Unit Budget Officer Signature _____	Dean or Vice President Signature _____	

- 2) Anyone wishing to have inquiry authority in STARS on a card other than their own must be authorized as a purchase card sub-coordinator.

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- 3) The “Agency Coordinator Authorization Form” shown below, must be completed for access to view information relating to another employee’s purchase card. The box for “Adding additional coordinator for agency” should be checked. The completed form should be forwarded to the University Accounting Office where the agency authorization will be signed off by the Controller or agency purchase card coordinator.

**STATE OF WEST VIRGINIA  
PURCHASING CARD  
AGENCY COORDINATOR  
AUTHORIZATION FORM**

To: Office of the State Auditor, Purchasing Card Program

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

Re: Designation of Agency Purchasing Card Coordinator

The individual whose name and signature appear below is hereby designated as this agency’s Purchasing Card Coordinator, in accordance with Section 12-3-10a of the West Virginia Code and the associated Legislative Rule provided for thereunder.

Agency Purchasing Card Coordinator Name: \_\_\_\_\_

Agency Purchasing Card Coordinator Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Inter-Departmental Address if used:  
\_\_\_\_\_  
\_\_\_\_\_

New Agency Coordinator  
 Adding additional coordinator for agency

**Approved By:**

Agency Name: \_\_\_\_\_

Agency Address\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Authorization: \_\_\_\_\_

Purchasing Card Administrator Signature \_\_\_\_\_

Please return this form with original signatures to: Office of the State Auditor  
Purchasing Card Program  
Building 1, Room W-502  
Charleston, WV 25305

\*Agency Address: if different from Interdepartmental Address

- 4) Sub-coordinator training will be provided by the State Auditor’s Office prior to access being granted.