

OMNI REQUESTER APPLICATION AUTHORIZATION FORM

**Please Submit This Form To:  
Purchasing Security Coordinator  
Mail Code: 2370  
Fax: 644-8921**

In order to create and manage requisitions in the OMNI System, the Purchasing and Receiving Department requires the following information to set up user preferences for individual requesters.

1 APPLICANT NAME: \_\_\_\_\_

OMNI USER NAME: \_\_\_\_\_

2. OMNI DEPARTMENT ID: \_\_\_\_\_

3. "SHIP TO" AND DELIVERY LOCATIONS:

NOTE: "Ship To" location is the address used for the direct receipt of goods from vendors. This address must represent a physical location and be presented in a way that the post office or any freight carrier can understand. "Delivery" locations are for the delivery of goods by the Receiving Department to any location on campus.

\*DELIVERY LOCATION:

Department Name: \_\_\_\_\_  
Building Abbreviation: \_\_\_\_\_ Room Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*SHIP TO LOCATION: Choose one of the following options:

- \_\_\_\_\_ "Ship To" Location will default to the Central Receiving Department.  
\_\_\_\_\_ "Ship To" Location will default to the above Delivery location.

4. CONTACT INFORMATION:

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Preferred E-mail address: \_\_\_\_\_

5. OTHER REQUESTERS: Provide the name(s) for any requesters (people who have taken PUR 1589 and have the role of requester in the system) who you are authorized to request or manage requisitions for.

NAME

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature