



OMNI eProcurement Authorization Form  
REQUESTER APPLICATION

Please submit this form to:  
Purchasing Services Security Coordinator MC: 2370 Fax: (850) 644-8921  
For questions call: (850) 644-6850

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

Add Access Delete Access Update Access

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 Name: \_\_\_\_\_ Building Abbreviation: \_\_\_\_\_ Room #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mail Code: \_\_\_\_\_

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: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

5. OTHER REQUESTERS: Provide Requester name(s) and OMNI User ID(s) who you are authorized to receive or manage requisitions for (must have the role of requester in OMNI).

Requester Name (Last, First)

OMNI User ID

_____	_____
_____	_____
_____	_____
_____	_____

6. X \_\_\_\_\_  
Employee Signature Date

7. X \_\_\_\_\_  
Supervisor Signature Date

**\*Note: If employee is Dean, Director, Department Head the application must be signed by supervisor authorizing the applicant to have this role. An additional Authorization Form must be submitted for any future changes/additions.**