EMERGENCY REQUEST FOR FSU AGENTP-CARD ORDERS

NOTE: This form must be filled out in its entirety. Please insure that person signing as Dept. Approver is an authorized OMNI approver or a Dean/Director/Department Head for your department. When completed and signatures obtained, scan and email to the Procurement Specialist responsible for commodity. It is recommended to coordinate with the Procurement Specialist prior to sending.

**If information is missing or inappropriate indivi-	dual signed as the approver, the purchas	se will not be made.
Requester Name:	Requestor Phone:	
Department Name:		
DeptId/Fund/Project://		
Alternate Dept Id/Fund/Project:		(to be used if above budget fails budget check)
Delivery Location:		
Category Code:	Requisition Number:	licable (if no reg. established enter N/A)]
Date Sent to Procurement Services:		icable (ii iio req. established enter 14/A)]
Recommended Vendor:	Vendor Phone #:	
Vendor Address:		
Vendor Fax Number:	Vendor FEID:	
Vendor OMNI ID (if applicable):	Date Items Requir	ed:
Dept. Approver:(Must have authority to Approve OMNI Reqs.)	Signature of Approver:	
I have verified that there is enough money in the	budget provided in the correct account	(EXP or OCO) to pay for this order.
Budget Account Manager Signature:		
***Note: If an OCO item is purchased, it is the re- obtain an asset tag for the item.		e to contact Asset Management to
Items Required		
Nomenclature/Name of Item Needed:		
Make/Mfg/Item/Part/Stock#:		
Quantity:		
Special Instructions:		

2.	Nomenclature/Name of Item Needed:
	Make/Mfg/Item/Part/Stock#:
	Quantity:
	Special Instructions:
3.	Nomenclature/Name of Item Needed:
	Make/Mfg/Item/Part/Stock#:
	Quantity:
	Special Instructions:
4.	Nomenclature/Name of Item Needed:
	Make/Mfg/Item/Part/Stock#:
	Quantity:
	Special Instructions:
5.	Nomenclature/Name of Item Needed:
	Make/Mfg/Item/Part/Stock#:
	Quantity:
	Special Instructions:
ô.	Nomenclature/Name of Item Needed:
	Make/Mfg/Item/Part/Stock#:
	Quantity:
	Special Instructions: