



OMNI eProcurement Authorization Form
REQUESTER APPLICATION

Please submit this form to:
Procurement Services Security Coordinator Email: CTL-SpearMart@fsu.edu

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

Add Access Delete Access Update Access

1. Applicant Name: _____ Omni User ID (myFSU log in): _____

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).

Table with 2 columns: Requester Name (Last, First) and OMNI User ID. Multiple rows of blank lines for entry.

6. X _____ Date
Employee Signature
7. X _____ Date
Supervisor Signature

*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.