Emory Express Workflow Request Form

**Instructions:** Please fill out form completely. After obtaining signatures, please email this form to e-market@emory.edu.

**About Emory Express Workflow:**

- Emory Express requisitions route through workflow based on the department being charged
- Approvers are not allowed to take action on a requisition they submitted themselves
- Multiple approvers are allowed within the same level however only one is required to approve

**Approval Levels:**

- Requisitions route to respective department approvers based on the Minimum Approval Amount indicated in the request
- Approval levels are sequential (i.e. requisitions route in order to Level 1, Level 2, Level 3, etc.)
- Requisitions will route according to the lowest dollar threshold in the workflow

**Example:**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$500</td>
<td>$2500</td>
</tr>
</tbody>
</table>

With this workflow, a requisition totaling $1200 would require approval from Level 1.
If approved by level 1, it will route to Level 2 approver(s).

**ORGANIZATIONAL INFORMATION**

Department Name: __________________________      Department Number(s): __________________________

Contact Person: __________________________      Phone #: __________________ Email:___________________

**REQUEST OBJECTIVE**

☐ Add New Approver

☐ Change Existing Approver

☐ Remove Approver

☐ Modify Approval Amounts

☐ Replace Existing Workflow or Create for New Department

**WORKFLOW REQUEST**

<table>
<thead>
<tr>
<th>Approval Level</th>
<th>Approver(s)</th>
<th>Minimum Approval Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td></td>
<td>[If approver(s) will authorize all transactions, regardless of amount, list $0]</td>
</tr>
<tr>
<td>Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUTHORIZATION**

______________________________________________           ______________________      ____________________
Department Administrator Signature                                             Date                                              Phone

______________________________________________           ______________________      ____________________
Senior Business Officer                                                   Date                                              Phone