

Emory Express Access Request Form

Instructions: Please fill out form completely and bring this with you to your Emory Express training class. Signatures are required prior to gaining access to Emory Express.

If you are only requesting “Catering” or “Invoice Attached” access, and do not plan to attend training, you may fax the form to 404-727-1119 after obtaining signatures.

YOUR INFORMATION

Please fill in this required information. Your request cannot be processed if these fields are left blank.

| | |
|--|------------------|
| 1. First Name: | 2. Last Name: |
| 3. University User ID (e.g. jdoe01): | 4. Phone Number: |
| 5. Dept Name: | 6. Dept Number: |
| 7. E-Mail (University only, e.g. jdoe01@emory.edu) | |

YOUR ACCESS INFORMATION

Please check the function(s) you will perform:

- Placing Orders
 Approving Requisitions (i.e. Business Managers)
 "Invoice Attached" Vendor Payments

If you are an approver, what is the maximum dollar amount you are authorized to approve? \$ _____

If applicable, please indicate the type(s) of commodities you are authorized to order:

- Catering
 General
 MRO (Maintenance Repair Orders)
 Office Supplies
 Scientific
 Technology
 Other

AUTHORIZATION

Supervisor Signature

Date

Phone

Department Administrator Signature

Date

Phone

Business Officer Signature (School of Medicine Only)

Date

Phone