

THIS USER IS:  NEW to PO PeopleSoft Access  a CHANGE to PO PeopleSoft Access

GENERAL INFORMATION

NAME		Last Name,First Name	
OPERATOR ID		NT / Network Sign-On ID	
E-MAIL ADDRESS		Required Information	
PHONE NUMBER (10 digits)		Required Information	
FROM VALID BUSINESS UNIT LIST	STLOU		
DEFAULT DEPTID		Example: A0101002	
DEFAULT LOCATION	DEPARTMENT:	Required Information	For Purchasing Use Only Location Code _____
	ADDRESS:		
	CITY:		
	STATE ZIP:		

DEFAULT MOCODE \_\_\_\_\_  
DEFAULT PS ACCOUNT \_\_\_\_\_  
DEFAULT SHIP TO CODE \_\_\_\_\_

Fund \_\_\_\_\_ Program \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_

RECEIVING INFORMATION

REQUEST AUTHORITY TO DO RECEIVING

Add  Delete  Not Applicable

REQUISITION INFORMATION

ENTER REQUISITION  
MY REQUISITION APPROVER IS

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Not Applicable	
	Required, Last Name, First Name & NT ID

APPROVE REQUISITION Add \_\_\_\_\_ Delete \_\_\_\_\_ Not Applicable \_\_\_\_\_

If Add or Delete is checked above AND it effects an existing Approver and/or Requisitioner, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR INQUIRIES REGARDING THIS FORM, PLEASE CONTACT:

Printed Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Approved By:  
\_\_\_\_\_  
*Printed Name & Title*  
\_\_\_\_\_  
*Signature/Date*

Purchasing Approval  
\_\_\_\_\_  
*Signature/Date*

Please forward completed form to: Procurement Services  
209 Woods Hall

ASP USE ONLY:  
Assigned Route Control \_\_\_\_\_  
Changes Completed By: \_\_\_\_\_  
Date Changes Completed: \_\_\_\_\_