

Requester's Name: _____

PS Financial System – Procurement Specialist Request

Access will be granted when appropriate training assessment(s) passed, if applicable. Access granted will include the role(s) indicated above and access to the run/view reports and queries in the Reporting Instance.

Please use the "Statement of Business Need" section to provide an explanation of the requester's need to modify Clusters and/or Approvals.

Procurement Specialist (Users with this role cannot also do Create Requisitions or Vendor Payments)

USER PREFERENCES:

REQUIRED – FOR ALL PROCUREMENT SPECIALIST REQUESTS:			
Origin:		Location <u>Code</u> (address to be printed on CPSs):	
Phone number to be printed on Purchase Orders created by the Requestor:		FAX number to be printed on Purchase Orders created by the Requestor:	
X.500(s) of the backup Procurement Specialist(s):	X.500s of the Requestors whose POs should be sourced to the requesting Procurement Specialist		
1.	1.	15.	29.
2.	2.	16.	30.
3.	3.	17.	31.
4.	4.	18.	32.
5.	5.	19.	33.
	6.	20.	34.
	7.	21.	35.
	8.	22.	36.
	9.	23.	37.
	10.	24.	38.
	11.	25.	39.
	12.	26.	40.
	13.	27.	41.
	14.	28.	42.

Cluster Director Authorization Signature (required for ALL requests):

CLUSTER DIRECTOR AUTHORIZATION PRINTED NAME:		CLUSTER DIRECTOR SIGNATURE:	
CLUSTER DIRECTOR'S EMAIL ADDRESS:		PHONE NUMBER:	DATE:

Controller's Office Authorization (required for ALL requests):

CONTROLLER'S OFFICE DESIGNEE'S PRINTED NAME:		CONTROLLER'S OFFICE DESIGNEE'S SIGNATURE:	
EMAIL ADDRESS: finsys@umn.edu		PHONE NUMBER:	DATE: