

ORACLE iProcurement Requisition



USER APPLICATION REQUISITIONING

EMPLOYEE INFORMATION

First Name	Last Name	Middle Initial
Unit #	Department Name	
Employee Number	Email Address	
Company Name and Business Address		Employees Geographical Data Entry Site:
U N I V E R S I T Y O F G U E L P H		City
		Province
		ON

ACCESS REQUIREMENTS

Requisition Processing

If Applicable - complete the following.

Other departments with whom you collaborate.

Unit Code(s) – *first four digits only* and Unit Name(s)

Unit #	Unit Name
Unit #	Unit Name
Unit #	Unit Name
Unit #	Unit Name

DEPARTMENT AUTHORIZATION

Employee Signature _____ Print Name _____ Date _____

Employee Declaration:

I have; a) the appropriate delegated authority for the accounts under which I will prepare and submit requisitions, and/or; b) the delegated responsibility under which I will prepare and submit pre-authorized requisitions, for purchase orders. For Tri-Council research funded requisitions: I am aware of Tri-Council requirements for expenditure authority and record keeping.

Approval Signature – Dean/Director/Chair _____ Print Name _____ Date _____

TRI COUNCIL – PRINCIPLE INVESTIGATORS APPROVALS

Approved Applicants:

Prior to submitting requisitions for Tri-Council purchases, please ensure that the appropriate “Signing Authority for Tri-Council Grants” forms are completed and on file with Research Financial Services.

FOR PURCHASING USE ONLY

USER ID		Approved by Manager, Purchasing Services (Signature)
USER PASSWORD (set-up only)	ORACLE LOCATION #	
Date of Training	Training Completed	
(Month / Day / Year)	(Month / Day / Year)	