



GETit Approver Request Form

This form will authorize a user to sign online UCit requests/orders. This form will not be processed without an authorized signature.

Please Type or Print Legibly

Information about the Approver:

Name: _____ Phone: _____

Department: _____ Title: _____

Mail Location: _____ Building: _____ Room #: _____

Email Address: _____

Username (Six + 2) _____ UCID: M _____

Default SAP Budget Numbers: _____ - _____ - _____
(Function) (Cost Center) (Fund)

Person Authorizing this Request:

Name: _____ Phone: _____

Department: _____ Title: _____

Mail Location: _____ Building: _____ Room #: _____

Email Address: _____

BUSINESS OFFICE CONTACT (Will be contacted for verification of this request):

Name: _____ Phone: _____

Email Address: _____

Please sign and date below:

**Authorized Signature

Date

****Authorization must be signed by a department head**

Completed form must be mailed to the Help Desk at mail location 0658. Faxed forms will not be accepted. It is the user's responsibility to report any security issues. UCit will not be responsible for misused authorization codes.