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: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
(Fund) (Cost Center) (Function)

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.