



Purchasing

eReq Approver Group Authorization (UBF only)

Date _____

This information is required to create or update an Approver Group for UBF funds in the eReq System:

Group Members

Check box if new member. Print and include middle initial.

- Name: _____ Person #: _____
- Name: _____ Person #: _____
- Name: _____ Person #: _____
- Name: _____ Person #: _____
- Name: _____ Person #: _____
- Name: _____ Person #: _____

Note: Please have your Department Head sign the group authority below:

I hereby authorize these employees as members of the eReq Approver Group listed below to approve purchases for account(s) _____

Department/Unit Name _____

Department Head (Name - printed) _____

Department Head (Signature) _____

Contact Person: Name _____ Person # _____

Email Address _____ Phone _____

Approver Group Name: _____
(name limit of 15 characters maximum)

New Group Existing Group

Completed form may be scanned and emailed to:

ADC-WF-GROUP-MAINTENANCE-LIST@LISTSERV.BUFFALO.EDU

or faxed to: Org Chart Administrator, Purchasing Services, 645-2687.

If you require assistance completing this form, contact Receptionist at 645-2676.

<i>Entered:</i>
<i>Date</i> _____
<i>Initials</i> _____