



OMNI ePRF APPROVER AUTHORIZATION FORM (ePRF-01)

This form is to record your department's preferences for approval access and usage of the OMNI electronic Payment Request Form (ePRF) process. Please request the **FSU_AP_PRF_APPROVER** role in OMNI before submitting this form.

Access Requested:

☐ Add ☐ Delete

OMNI Department ID(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Required Level 1 Approver & Backup
(Additional backups allowable)

Employee Name:	<input type="text"/>	OMNI User ID:	<input type="text"/>
Employee Name:	<input type="text"/>	OMNI User ID:	<input type="text"/>

Optional Level 2 Approver & Backup
(Additional backups allowable)

Employee Name:	<input type="text"/>	OMNI User ID:	<input type="text"/>
Employee Name:	<input type="text"/>	OMNI User ID:	<input type="text"/>

Approved By:

Dean/Director/Department Head
Signature:

Date: