



USER REQUEST

Policy: Please print - Accounts be created from original document. Please do not fax request. Return to HMMS c/o Support Team

Requisitioner Information NEW <input type="checkbox"/> CHANGE <input type="checkbox"/>	
Date	
Name	
Position	
Extension	
Hospital Email Address	
Novell ID	
Location(s) Site - Floor - Room # (where goods are delivered to)	
Department/Cost Centre	
Must include Business Unit and Department Code(S). Please note any specific Account Restrictions. e.g. (LHS12345, SAJ1234567) Multiple Departments please add attachment	
Function(s) you need access to (Please check <input checked="" type="checkbox"/>)	
Does this account replace (name)	
Security the same as (name)	
On-Line Requisitioning	
Leadership Role Ability to view Invoices (Stellent) Ability to access Reporting Tool	
HMMS Staff Position	
Other	
Authorization (Director/Manager)	
Authorized Signature (Must be on HMMS Signature Card)	
Print Name	
New User's Signature	
Date	

By authorizing the above requisitioner, I understand they will be ordering and charging against the above cost centres. Also, they will adhere to all policies and guidelines as outlined at www.hmms.on.ca and I am responsible for notifying HMMS when the above requisitioner's access is to be terminated or modified (i.e. cost centres) in any way.