Date: November 7, 2008

Subject: Lawson Requester Locations

As you may be aware, DMC has successfully implemented the Lawson Procurement System in the Pharmacy. Our next step is to role out the system to the rest of the Medical Center using a Lawson product called Requisition Self-Service (RSS).

RSS will streamline DMC’s requisition process from paper to an on-line application. To ensure a smooth transition, we are requesting supervisors for each DMC Department to complete the attached Lawson Requester Authorization Form for each of their departments.

A requester is defined as an employee who will be responsible for the actual inputting of the departmental requisitions on-line via RSS. A separate form must be completed for each employee designated as a Requester.

Completed forms must be returned to Box 63, Contracts and Procurement Management, by November 28, 2008.

Please contact Lawson Information Hotline at extension 718-826-8023 with any questions.
LAWSON REQUESTER
AUTHORIZATION FORM

I hereby authorize the following employee in my department to be the designated person for requisition processing via the Lawson Requisition Self-Service (RSS) application. I acknowledge that this person will follow all of the rules and regulations for this program and will be available for on-site training sessions.

Lawson Company Number:_______

Last Name: __________________________ First Name: __________________________

Title: __________________________ Tel. Ext.: __________ Box # __________

Department: __________________________ Location: __________________________

Email: __________________________ DMC Network ID: __________________________

Supervisor: __________________________ Tel Number: __________________________

Location: __________________________ Fax Number: __________________________

VP’s Full Name: __________________________ Location and Telephone #: __________________________

Departmental Account Code(s):

________________________, __________________________, __________________________

________________________, __________________________, __________________________

Est. Number of Monthly Orders: __________________________

Est. Number of Annual Orders: __________________________

Dept. Code (3 digit) __________________________

Dept’s Operational Hours: __________________________

Employee’s Work Hours: __________________________

Last 4 digits of Employee’s SS# __________________________

Employee Signature: __________________________ Date: __________________________

Approved By: __________________________

(Department Head) __________________________ (Signature)

Send completed form to: Contracts & Procurement Department, Box #63
Fax Number: (718) 270-3342