

MATERIALS MANAGEMENT BULLETIN

Date: November 7, 2008 **Bulletin # 08-27**

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 there 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 Employe	ee's SS#
Employee Signature:	Date:	
Approved By:		
Approved By: (Department Head)	(Si _ξ	gnature)
Send completed form to: Contracts & Proc Fax Number: (71	curement Department, Box 8) 270-3342	#63