

FAMIS Electronic Office Request
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Complete all parts of this form. This form replaces all current information.

Part I. Electronic Office Defaults (940)

Before completing this section, look at Screen 940 for your FAMIS electronic office (to perform a search, type a “?” in the office field and then press the enter key). This form replaces all that appears on Screen 940. If you do not know your FAMIS electronic office name, then contact Ag Program FAMIS Security. Changing the default signer will completely remove the current default signer from the routing path.

Part	Electronic Office Name	Description	New Office

Default Signer (required)

Part II. Units To Office Assignment (935)

Before completing this section, review Screen 935 for your FAMIS electronic office. Include all department/sub-department codes (e.g., FISC/OPS) that should be assigned to this office. If you do not have any sub-departments, then use “none” as the sub-department. Be sure to include all units that are currently in your office so that the form includes all current information. Any units left off will be deleted from the electronic office.

Dept Code	Sub-dept Code

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Part III. Creator Desk (924)

A minimum of two creators is required for each department/unit. Creators are the individuals entering data for purchases within departments/units. Separate creator desks may be set up at the sub-department level and for different types of forms. **Form = D for DBRs, P for Purchasing Documents, E for EPAs**

Name	Dept Code	Sub-Dept Code	Form



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Part IV. Approvers - Optional (922)

If your department/unit chooses to use the intermediate review process, indicate the approvers and the sub-departments. Examples of approvers may be PI's and specialists.

Name	Substitute	Dept/Sub Dept	Form	Dollar Limit

Part V. Signers (923)

Signers are the final department/unit authorization.

Name	Substitute	Dept/Sub Dept	Form	Dollar Limit

Part VI. Department/Unit Approval

Contact Name: _____ Phone: _____
Please Print

Approved: _____
Department Head/Assoc. Department Head/Program Leader/Resident Director/District Extension Administrator Date

Printed Name: _____