Additional SAP License Request 9/2006

Requests for additional licenses will be reviewed on an individual basis. Please answer the questions below to help us determine the activity in your department.

Department						
Name to a CI is an accompany that are						
Number of Licenses currently us	artment					
Number of Licenses requested						
Please attach completed SAP Authorization Request form for each license request.						
Number of permanent employee	epartment					
Number of non-exempt employees per payroll period						
Number of notifications per mon						
Number of procurement card transactions per month						
Number of departmental account orders)						
Justification for additional license:						
Name - Department Head	Signature		Date			
			·			
Date		Signature				

	Date	Signature	
Approved			
Disapproved			
Comments:			