

Banner Ship-to Address Request Form

For questions, contact us at purchasing@nova.edu or by calling 954-262-8841

Complete this form to add a new ship to address to the Banner and Ariba systems. Requests to create or edit non-NSU ship-to addresses require approval by the Dean or Vice President of the requesting department.

Create New Address

Edit Existing Address

Remove Address

Definitions			
Standard Ship-to Address: Only those locations that are owned or leased by NSU.			
Non-NSU Ship-to Address: Locations that do not meet standard ship-to address criteria			
OPM: Office of Procurement Management			
Part I: Justification & Background (Use this section to describe the need for the edit, addition, or removal of a ship-to address)			
Will items requiring medical licensing be purchased and shipped to this address?		Yes	No
Is the address requested considered to be a non-NSU ship-to address based on the definitions provided above? If yes, Part V of this form must be completed.		Yes	No
Part II: Address Information			
Unique ID (OPM Use Only)		Street Address	
College/Center Name		City	
Building Name		State	
Floor		Zip Code	
Ship To Name (OPM Use Only)		Requester Email Address	
Part III: Requester			
_____		_____	_____
Requester Name		Requester Signature	Date
Requester: By signing this form, you indicate that the information provided is complete and accurate, and that the requested location is appropriate for the delivery of materials ordered on behalf of NSU.			
Part IV: Supervisor			
_____		_____	_____
Supervisor Name		Supervisor Signature	Date
Supervisor: By signing this form, you indicate that the information provided is complete and accurate, and that the requested location is appropriate for the delivery of materials ordered on behalf of NSU.			
Part V: Dean/VP (Required for non-NSU ship-to locations only)			
_____		_____	_____
Dean/VP Name		Dean/VP Signature	Date
Dean/VP: By signing this form, you indicate that the information provided is complete and accurate, and that the requested non-NSU location is appropriate for the delivery of materials ordered on behalf of NSU and that an appropriate party will be on hand for physical receipt of goods.			
Part VI: Procurement Management			
_____		_____	_____
Director of Procurement Name		Signature	Date
_____		_____	_____
Banner Address Entered By Name		Signature	Date
Director of Procurement: By signing this form, you indicate that the information provided has been approved by all required parties Banner Address Entered By: By signing this form, you indicate that the information has been entered into the university's Banner system. Banner system updates are automatically pushed to Ariba on a nightly basis.			