

OfficeMax

NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEPARTMENT ACCT #(S): _____

ACCOUNT TYPE

_____ New – No Current Account

_____ Remove Acct #(s)

_____ Add – Additional Acct #(s)

_____ Transfer – Remove old & add new Acct # (s)

SHIP TO ADDRESS (S): (check all that apply)

_____ Main Campus

_____ Seagate Campus

_____ Lake Erie Research Ctr

_____ Scott Park Campus

_____ Museum of Art Campus

_____ Aboretum, R.A. Stranahan

GRANT ACCOUNTS

If any department account number requested begins with a 2 or 8 the PI's (Principle Investigator) name and signature is required below signifying the authorization of the individual named above to order merchandise on his/her behalf. A second signature must also be obtained in the All Accounts section. Non Grant accounts will fill in the All Accounts information area only. **(Follow attached Grant Office Max Procedure Policy for submitting request form)**

PI Name: _____

PI Signature _____

Please setup the PI listed above to approve/release the order: yes _____ no _____
(if neither box is checked you will not be setup)

ALL ACCOUNTS

All Accounts (including grants) must fill in and obtain the signature of one of the following : Dean, Dept Head, or Business Manager

Name: _____

E-Mail Address: _____

Phone Number _____

Signature _____

Please setup the Approver listed above to approve/release the order: yes _____ no _____
(if neither box is checked you will not be setup)

If the form is faxed the appropriate approval must be filled in and signed.

If the form is emailed, the completed form must be emailed from the approver or PI.

Fax completed form to: Steve Surface (630) 438-8187

Email to : stevesurface@officemax.com