



## OFFICE DEPOT BUSINESS SOLUTIONS DIVISION ON-LINE USER REQUEST

### Requestor Information (All fields are required)

Name (Last, First, MI) _____
Social Security # (last 4) _____ Extension _____
Department _____ Campus _____ Bldg _____ Floor _____
University E-Mail Address _____

### Approval Information (All fields are required)

Provide University Credit Card holder's name \_\_\_\_\_, along with the last 10 digits of credit card number \_\_\_\_\_, and expiration date \_\_\_\_\_.

As all on-line Office Depot Business Solutions Division (BSD) purchase transactions made by users shall be charged to the credit card indicated.

**I approve the above named individual's request for use of on-line purchase transactions of office products from Office Depot BSD.**

_____ <i>Cardholder (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
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_____ <i>Supervisor (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
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_____ <i>Major Area Budget Manager (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
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_____ <i>Chief Financial Officer (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
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### Internal Use Only:

Account # & Exp Date: _____
Date User Request Activated: _____
Date User Request Inactivated: _____