

ACCOUNT AUTHORIZATION FORM

The following form is for setting up new accounts or closing existing accounts for store purchases:

	Account Description <i>(e.g. Grant Name, Type)</i>		Cost Center	Commitment Funds Center	Fund	Grant End Date <i>(if applicable)</i>	General Ledger
1		<input type="checkbox"/> New <input type="checkbox"/> Close					
2		<input type="checkbox"/> New <input type="checkbox"/> Close					
3		<input type="checkbox"/> New <input type="checkbox"/> Close					
4		<input type="checkbox"/> New <input type="checkbox"/> Close					
5		<input type="checkbox"/> New <input type="checkbox"/> Close					

Special Instructions for Store Purchases:

Enforce monthly credit limit? Yes No If yes, please specify amount: _____

Please provide the names of staff/students that will be allowed to directly purchase goods/services under your account(s):

- | | |
|---|--|
| 1. _____
2. _____
3. _____
4. _____
5. _____ | 6. _____
7. _____
8. _____
9. _____
10. _____ |
|---|--|

Declaration and Signature:

By signing this authorization form, I declare that I agree to be charged for the purchase, use or consumption of goods/services from the Department of Physical & Environmental Sciences' Chem Stores, on a monthly basis.

Name of Account Holder:	Signature of Account Holder:	Date:
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