

PEPPERDINE UNIVERSITY

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 _____
University E-Mail Address _____

Approval Information (All fields are required)

Provide University issued Purchasing Credit Card holder's name _____, in which named credit card holder shall be charged for all on-line Office Depot BSD purchase transactions made by requested Office Depot BSD on-line purchase transaction user.

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

_____ <i>Supervisor (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
_____ <i>Major Area Budget Manager (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>
_____ <i>Controller/CFO (Signature)</i>	_____ <i>Print Name</i>	_____ <i>Date</i>	_____ <i>Extension</i>

Internal Use Only:

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