



Setting Up a New Logistics Account Form

Complete form and email to logistics@ucsf.edu. *Required.

For more information or questions, please contact us at **(415) 502-6245**.

First Name*: _____ Last Name*: _____

Department Name*: _____

Primary Department ID/Cost Center *: _____

Secondary Department ID/Cost Center: _____

Third Department ID/Cost Center: _____

Additional Departments IDs: _____

UCSF ID "02 xxxxxxx" (not your UCPATH Employee ID): _____

Street Address*: _____ Box Number*: _____

City*: _____ Zip Code (if other than 94143): _____

Telephone*: _____ Fax: _____

Email*: _____

Choose one*: Campus Medical Center