Auxiliary Accounting

5500 University Parkway, San Bernardino, CA 92407-2397

Main (909)537-7213 Fax (909)537-7175

OFFICE DEPOT/OFFICE MAX WEBSITE ACCESS

Office Depot	lax 🗌 Both	
End User Information: Please Print		
Name:	Delivery Location (Blo	dg/Room):
Department/Project:	Email Address:	
Phone Number:	Fax Number:	
Chartfield String:		
I request access to Office Depot and/or Office Max web	site for office supply	orders.
Signature of End User		Date
Account Authorizer Information: Please Print		
Name:	Building/Room No:	
Department/Project:	Email Address:	
Phone Number:	Fax Number:	
Account Authorizer, please check this box if you would	uld also like access to pla	ace office supply orders.
I authorize the above named user to order from Office I	Depot and/or Office M	lax.
Signature for Account Authorization		Date
Auxiliary Use Only:		
Budget Approver: Please indicate workflow approval for only Off	fice Depot. Office Max g	pes directly to you for approval.
□ Account Authorizer —> Budget Approver	Directly 1	to Budget Approver
Budget Approval:		
Signature		Date
Office Depot End User:		
Login ID		Password
Office Max End User:		
Login ID		Password
Account Authorizer:		