

# Office Max Access Request

User Name: \_\_\_\_\_  
(Person entering orders)

E-Mail address: \_\_\_\_\_

Phone / FAX: \_\_\_\_\_ / \_\_\_\_\_

Campus / Bldg / Room: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Accounts to be used to pay for Office Max merchandise:

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Campus(es) for which orders will be placed (circle all that apply):

LV333 - Palo Verde

LV551 - Pahrump

LV700 - Henderson

LV1560 - Green Valley

LV2401 - West Sahara

LV2409 - West Sahara

LV3200 - Cheyenne

LV4475 - Nellis AFB

LV4601 - Western Hi Tech Center

6375 - West Charleston

NV700 - Boulder City

This request must be signed by a person or persons that have authority to sign on **ALL** of the accounts requested above.

Print name of approver: \_\_\_\_\_

Approver signature: \_\_\_\_\_

**ORIGINAL SIGNATURE REQUIRED. DO NOT FAX COMPLETED FORM.**