Internal Authorization form for use with U-Stores and other recharge services centers on campus

Instructions:
Fill out form below
Fax, mail or delivery form to the U-Store or the respective service center
University Stores/Follett Business Office OR Recharge Service Center_____
Campus Center
University of MA
Amherst, MA 01003

Retain copy of this form in department files

Unique Authorization # designated by Department (7alphanum.digits) ⟶ _____
(This is a unique alphanumeric reference created by the issuing department to track recharges)

Authorized Names to purchase:

Dept Bookkeeper _____
Department name: _____
Department address: _____
Telephone _____

Fund expiration date: _____
Speed type _____
Business Unit* _____
Account (obj code) _____
Authorization amount _____

Authorized signature: _____
Print authorized name below:
_____

*Busn. Unit A=Amh., C=Central, B=Boston, W=Wor., L=Lowell, D=Dartmouth

Description of goods/service:

file = Intern~12