

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

Instructions:
Fill out form below
Fax, mail or deliver 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 (7 alphanum.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: _____

*Business Unit A=Amherst, C=Central, B=Boston, W=Worcester, L=Lowell, D=Dartmouth

Description of goods/service:

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