

UT Supply Mall
Security Access Request

Fax Completed Form to 713-500-5962

Applicant's Information (Please Print clearly)

First Name _____ Last Name _____

Department _____ Building/Room _____

Telephone Number _____

Applicant's Email Address _____

Administrative Email Address (Required) _____

(Transaction reports will be emailed to this individual's address for account reconciliation)

Accounting Information

(Chartfields to be used for purchases in the UT Supply Mall)

*****HIGHLIGHTED FIELDS REQUIRED*****

Operating Unit	Department	Fund	Project	Program	Class (Optional)

Approvals

(Must be signed by Director, Management Operations and Applicant)

Applicant's Signature _____ Date _____

DMO Name (Print) _____

DMO Signature _____ Date _____

****Applicant's User ID and Passcode will be emailed along with UT Supply Mall process instructions****

***For questions, call 713-500-5954**

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