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***

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<th>Operating Unit</th>
<th>Department</th>
<th>Fund</th>
<th>Project</th>
<th>Program</th>
<th>Class (Optional)</th>
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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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