



shop@UW

Account Set-Up or Revision Request

Please print out and sign by hand. Then fax, or scan and email, to:

Purchasing Department
purchasing@uwlaax.edu
118 Graff Main Hall
fax (608) 785-8597
phone (608) 785-8724

Radio buttons for New Account and Existing Account. Text for existing accounts: type account number MD\_\_\_\_\_

Primary Account Contact - This is the default shipping address, and also the person who will have password access to the account.

Form fields for Primary Account Contact: First Name, Last Name, Institution Name (UW-La Crosse), Department Name, Room Number and Building Name, Street Address (855 East Av N), City (LaCrosse), State (WI), ZIP (54601), Phone Number, Fax, Email, Primary Contact's Supervisor, Supervisor's Email.

Financial Contact - This is the person who can answer funding questions on the account.

Form fields for Financial Contact: First Name, Last Name, Institution Name (UW-LaCrosse), Department Name, Room Number and Building Name, Street Address (855 East Av N), City (LaCrosse), State (WI), ZIP (54601), Phone Number, Fax, Email.

University of Wisconsin Shared Financial System Funding (SFS)

Table with 5 columns: Fund (SFS), Unit (E), Department ID, Program, Account (3 1 0 0). Includes Funding Start Date and End Date fields.

Please obtain a handwritten signature from the chair or director of your department/program. This is necessary for new accounts as well as for new primary contact person on an existing account. The person signing cannot be the primary contact on the account.

Department Signature \_\_\_\_\_ Date \_\_\_\_\_
Name, typed \_\_\_\_\_

Special Requests

- Re-activate account, Inactivate account, Re-set password, Add to Parent Account, Create additional shipping addresses, This is a new primary contact person, This is a new financial contact person, This is a new address, phones, etc.

Other: \_\_\_\_\_

Purchasing Department approval \_\_\_\_\_ Date \_\_\_\_\_