

**FACILITIES WAREHOUSE**

**REQUEST FOR FACILITIES WAREHOUSE SUPPLIES ACCOUNT**

[ ]  I would like to establish an account for use by all members of our department.

[ ]  I would like to establish an account for use by the following members of our department:

Print Name (s):

This account will be automatically renewed at the beginning of each fiscal year, unless the Facilities Warehouse is notified in writing.

Department:

Department Head Approval (Print Name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Chartfield String to be charged:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund(5 digits) | Dept. ID(6 digits) | Account(6 digits) | Program(5 digits) | Grant/Project(6 digits) | Class(5 digits) |
|   |   | 617001 |   |   |   |

Billing Contact (Print Name): Extension:

Please send or fax this form to:

kwelz@calpoly.edu

Facilities Warehouse Bldg. 70A Office: 6-5169 Fax: 6-0122

Warehouse Use Only:

Work Order Number: Dept. FISEN: