



You Must Complete Forms On-Line. Hand Written Forms will be Rejected!

# Materials Management Report Request

Please Fax Completed Form Back to: 679-1993 or Mail to MC 2012

**(1) DEPARTMENT INFORMATION**

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Division(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mail Code: MC \_\_\_\_\_ Fax #: \_\_\_\_\_  
Bldg./Floor/Room #

**(2) AUTHORIZED EMPLOYEE REQUESTING REPORT:**

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
Name (please type/print) Signature

\_\_\_\_\_  
Title Address: Building/Floor/Room # Mail Code MC

**(3) REPORT REQUEST:**

MACOLA  Q-Sight  SIS  PAR  Surplus  Informatica  FFX  Vendor Tracking

**(4) FOR FINANCIAL ACCOUNTS:**

Ship-To # Fund Org Program Account Expiration Date Ship To Location

**(5) AUTHORIZED BY: (Department Head or Manager)**

\_\_\_\_\_  
Name (please type/print) Signature Date

\_\_\_\_\_  
Title Address: Building/Floor/Room # Mail Code Telephone #

Do you want report and related paperwork sent to the Authorized Employee? (from Box #2) \_\_\_ Yes \_\_\_ No

**FOR MATERIALS & RESOURCE MANAGEMENT OFFICE USE ONLY: SIGNATURE**

\_\_\_\_\_  
Date Director of Materials & Resource Management or Authorized Designee