



e-Portal and MMIS Signature Authorization Form – LM-3

Submit Form:		You must complete this Form On-Line. Hand written Forms will be rejected. Mail, Fax or PDF the entire package to: Fax: 679-1993 or Mail to: MC 2012					
Requester's Name:					Title:		
Department:							
Phone Number:				Fax Number:			
Room Number:				Mail Code:			
Email Address:							
Hospital/Clinical Unit Only:		<input type="checkbox"/> In-Patient		<input type="checkbox"/> Out-Patient		<input type="checkbox"/> Other:	
Authorized Employee:					Title:		
Telephone #:				Fax #:		Room #	
Mail Code:				Signature:		Date:	
Special Instructions:							
Authorized By:					Title:		
Authorized Signature:		I. Department Head			Date:		
		Typed Name - Mandatory			Telephone #:		
					Fax #:		
Request:		<input type="checkbox"/> Update account information (e.g., Expiration Date, Ship-To Location)		<input type="checkbox"/> Delete following accounts		Add Special Requests Access	
		<input type="checkbox"/> Add new user and following accounts		<input type="checkbox"/> Delete user and associated accounts		Add Dental Access	
		<input type="checkbox"/> Add following accounts					
Authorized for Accounts:							
Ship-To #	Ship-To Location	FY	Fund	Org	Account	Expiration Date	
For Logistics Management Use Only:							
Signatures:			Date:				Date:
I. Authorized Logistics Management Signature			_____		2. OLM Financial Officer		_____
Typed Name - Mandatory					Typed Name - Mandatory		