



e-Portal and MMIS Signature Authorization Form for CMHC – LM-3C

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 6170					
Requester's Name:					Title:		
Department:							
Phone Number:				Fax Number:			
Room Number:				Mail Stop #:			
Email Address:							
Hospital/Clinical Unit Only:		<input type="checkbox"/> In-Patient		<input type="checkbox"/> Out-Patient		<input type="checkbox"/> Other:	
Authorized By:					Title		
Telephone #:				Fax #:		Room #	
Mail Stop #:				Signature:		Date:	
Creator:					Title:		
E-Mail Address:					Telephone Number:		
Mailing Address:					Mail Stop #:		
Approver:					Title:		
E-Mail Address:					Telephone Number:		
Mailing Address:					Mail Stop #:		
Submitter:					Title:		
E-Mail Address:					Telephone Number:		
Mailing Address:					Mail Stop #:		
Request:		<input type="checkbox"/> Update account information (e.g., Expiration Date, Ship-To Location) <input type="checkbox"/> Add new user and following accounts <input type="checkbox"/> Delete following accounts <input type="checkbox"/> Add following accounts <input type="checkbox"/> Delete user and associated 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 _____ Typed Name - Mandatory				_____ _____ Typed Name - Mandatory		_____ _____ Typed Name - Mandatory	