INSTRUCTIONS

UCONN HEALTH | OFFICE OF LOGISTICS MANAGEMENT (OLM)

e-Portal and MMIS Report Request Form – LM-3B

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:			
Authorized By Signature:	_____ 1. Department Head _____ Typed Name - Mandatory	Date: Telephone #: Fax #:	

Request:

- ☐ MACOLA
- ☐ Q-Sight
- ☐ PAR
- ☐ SIS
- ☐ Surplus
- ☐ Asset Control
- ☐ Vendor Tracking
- ☐ Fleet Operations
- ☐ Records Storage/Retention

Finance Accounts:

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

For Logistics Management Use Only:

Signatures:	Date:		Date:
_____ 1. OLM MMIS Supervisor _____ Typed Name - Mandatory	_____	_____ 2. OLM Financial Officer _____ Typed Name - Mandatory	_____

Revised: 09/17/15