INSTRUCTIONS

UCONN HEALTH | OFFICE OF LOGISTICS MANAGEMENT (OLM)

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. Email completed forms to OLMForms@uchc.edu		
Requester's Name:		Title:	
Department:			
Phone Number:		Fax Number:	
Room Number:		Mail Stop #:	
Email Address:			
Hospital/Clinical Unit Only:	☐ In-Patient ☐ Out-Patient ☐ 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:	☐ Update account information (e.g., Experation Date, Ship-To Location) ☐ Add new user and following accounts ☐ Delete following accounts ☐ Add following accounts ☐ 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:
1. Authorized Logistics Management Signature Typed Name - Mandatory	_____	2. OLM Financial Officer Typed Name - Mandatory	_____

Revised: 9/17/15