INSTRUCTIONS

UCONN HEALTH | OFFICE OF LOGISTICS MANAGEMENT (OLM)

e-Portal and MMIS Signature Authorization Form – Surplus Property Program - LM-3S

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:	
State Institution:		Department	
Phone Number:		Fax Number:	
Mailing Address:	City:	State:	Zip Code+4:
Room Number:		eMail	
State of Connecticut:	☐ Agency ☐ Municipality ☐ School ☐ Non-Profit Organization		
Authorized Employee:		Title	
Telephone #:		Fax #:	Room #
Mail Code:		Signature:	Date:
Special Instructions:			
Authorized By:		Title:	
Authorized Signature:	1. Department Head Typed Name - Mandatory	Date: Telephone #: Fax #:	

Request:
☐ Update account information (e.g., Expiration 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: 09/17/15