

SHIMBERG HEALTH SCIENCES LIBRARY

NEW ACCOUNT AUTHORIZATION

In accordance with the requirements of the Division of the Inspector General, this Account Authorization must be completed and signed by the Accountable Officer. Only those people whose names that appear on this form will be authorized to use this account.

The Library Services which may be charged to this account are interlibrary loans (ILL), computer searches, and document delivery.

This form must be completed and returned to the Shimberg Health Sciences Library's Business Office at MDC 0031 prior to the performance of library services which require inter-departmental billing.

PLEASE TYPE OR PRINT CLEARLY

OPER.UNIT	FUND	DEPARTMENT	PRODUCT	INITIATIVE	PROJECT

Accountable Officer's Signature and Date

Accountable Officer (please print)

AO email address

Contact Person

Contact Person email address

Department Name

Campus Mail Code

Campus Phone #

Others authorized to charge to this account number:

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

Library Billing Code:

Date:

Approval By: