



Complete the following information to obtain Internet access to order office supplies through UA Little Rock’s authorized state contract vendors.

Basic Information

Name: _____

Department: _____

Email: _____@ualr.edu Phone: _____

Select vendor(s) access is requested for (all may be selected):

- Government Supply Service
- Office Depot

Shipping Information for Main Campus

Address Line 1: 2801 S. University Ave. Address Line 2: _____
(Bldg. Name/Rm. #)

Who will receive all deliveries?

Contact Name: _____ Contact Phone: _____

P-Card Information

If you will be using a P-Card, please complete the following:

Cardholder Name: _____

Email: _____@ualr.edu

Card Number: _____ Exp.: _____
Month/Year

**IF YOU ARE USING A PURCHASE ORDER FOR PAYMENT, PLEASE CONTACT
PROCUREMENT SERVICES FOR INSTRUCTIONS.**

Budgetary Information

Name of Budgetary Head: _____

Secondary confirmation email for all orders: _____@ualr.edu

Set the dollar limit of all orders between now and June 30: _____

Signature of Budgetary Head

Date