

## Central Stores Online Participation and Change Form

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| <input type="checkbox"/> New User/Login: You will be sent a new User ID from Central Stores. |
| <input type="checkbox"/> Update Login/User/Budget Authority: Current Login: _____            |

|                          |                                     |  |  |
|--------------------------|-------------------------------------|--|--|
| <b>User Information:</b> | <input type="checkbox"/> <b>ADD</b> | <input type="checkbox"/> <b>REMOVE</b> | <input type="checkbox"/> <b>DELETE</b> |
|--------------------------|-------------------------------------|--|--|

|  |
|--|
| First Name: _____ M.I.: _____ Last Name: _____   |
| Phone #: _____ Email: _____                      |
| Department: _____ MS: _____ Building/Room: _____ |

|   |
|---|
| <b>Budget Information:</b> Only Funds beginning with 5xxxx, 7xxxx or 9xxxx have no Fast Index. The fund number serves as a Fast Index in this case. |
|---|

| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Add</th> <th style="text-align: left; padding: 2px;">Del</th> <th style="text-align: left; padding: 2px;">Fast Index or Fund</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">_____</td> </tr> </table> | Add                      | Del                | Fast Index or Fund | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Add</th> <th style="text-align: left; padding: 2px;">Del</th> <th style="text-align: left; padding: 2px;">Fast Index or Fund</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">_____</td> </tr> </table> | Add | Del | Fast Index or Fund | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------|--------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|---|-----|-----|--------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|
| Add   | Del                      | Fast Index or Fund |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |
| <input type="checkbox"/>  | <input type="checkbox"/> | _____              |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |
| <input type="checkbox"/>  | <input type="checkbox"/> | _____              |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |
| Add   | Del                      | Fast Index or Fund |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |
| <input type="checkbox"/>  | <input type="checkbox"/> | _____              |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |
| <input type="checkbox"/>  | <input type="checkbox"/> | _____              |                    |                          |                          |       |                          |                          |       |   |     |     |                    |                          |                          |       |                          |                          |       |

|                                      |                                     |  |  |
|--------------------------------------|-------------------------------------|--|--|
| <b>Budget Authority Information:</b> | <input type="checkbox"/> <b>ADD</b> | <input type="checkbox"/> <b>REMOVE</b> | <input type="checkbox"/> <b>DELETE</b> |
|--------------------------------------|-------------------------------------|--|--|

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|---|--|
| <i>I authorize the above to purchase supplies, using the budget codes listed, from Central Stores. I understand that I will receive a monthly, detailed report of purchases for the budget codes shown above. I will review and approve or seek resolution to any problems in the monthly reports. Approved reports will be filed with the appropriate packing and made available for audit. <b>OR</b> I authorize the above changes to the specified Central Stores login.</i> |  |
| First Name: _____ M.I.: _____ Last Name: _____  |  |
| Phone #: _____ Email: _____   |  |
| Department: _____ MS: _____ Building/Room: _____  |  |
| Budget Authority Signature: _____ Date: _____   |  |

**PLEASE RETURN COMPLETED FORM TO MAILSTOP 9116**