UNIVERSITY OF WATERLOO

Shipping System Access Application Form

Central Stores

Please print this form and fill in the appropriate information for each individual applying for access to the shipping system. This form must be signed by the applicant and if applicable, a reviewer. The form must also be authorized by a Dean, Director, Chair or Supervisor. An Executive Office or Faculty Financial Officer should review the form, where applicable. When completed, forward to the attention of Trevor Beatson, Central Stores.

Applicant Information:

Last Name | First Name | Name Prefix

Position Title | Phone Number | Extension

Department Name | Fax

Building, Room #: | Email

Office User ☐ Satellite Shipper ☐ Reviewer ☐ | WatIAM userid

University of Waterloo Default Accounting Flex Field (AFF):

All charges will default to this AFF if they are not changed at time of shipment.

Account	OrgUnit	Fund	Work Order	Activity
60350			-	

If you need access to additional ORG units, please list them here:

Applicant's Signature:

My signature indicates that I agree to use the University of Waterloo Shipping system under the approved procedures and guidelines and will be responsible for reconciling shipment transactions.

Applicant's Signature: _____ **Date:** _____

Reviewer Information (if applicable):

Last Name | First Name | Name Prefix

Position Title | Phone Number | Extension

Department Name | Fax

Building, Room #: | Email | WatIAM userid

Please specify all org units for reviewer access:

Reviewer's Signature, if applicable**:**

My signature indicates that I agree to use the University of Waterloo Shipping system under the approved procedures and guidelines and will oversee the shipment activity for the applicant.

Signature: _____ **Date:** _____

Dean, Director, Chair or Supervisor's Signature:

My signature indicates that I authorize the applicant on this form to use the University of Waterloo Shipping system under the approved procedures and guidelines. I acknowledge that all charges incurred by the applicant will be the responsibility of the department.

Dean, Director, Chair or Supervisor Name (Please Print):

Signature: _____ **Date:** _____

Faculty Financial Officer or Executive Officer Review, if applicable**:**

Signature: _____ **Date:** _____

Central Stores use only:

Signature: _____

Date: _____