



STAPLES ADVANTAGE APPLICATION

User's First Name:	User's Last Name:
Phone:	E-Mail:
Department:	Campus: Stanislaus
Building:	Room or Suite Number:

CHARTFIELD(S)
Note: If you will be using more than one chartfield string when placing orders, please enter below.

ACCOUNT	FUND	DEPARTMENT	PROGRAM	PROJECT	CLASS
660003					
660003					
660003					
660003					
660003					
660003					
660003					
660003					
660003					
660003					
660003					

*Note: Staples is a contracted vendor; therefore, quotes and/or bids are not required.
 For large quantity orders, please contact Becky Snead for competitive pricing.*

SIGNATURE APPROVALS	
I authorize the above named user to purchase from Staples Advantage	
Director/Chair/Dean's Name:	
Director/Chair/Dean's Signature:	Date:
VP's Name:	
VP's Signature:	Date:

S:_Shared\Forms\Staples Advantage Application sf 9-17-15



Please submit this form to:
 Financial Services, Becky Snead
 E-mail: Bsnead@csustan.edu