SOUTHERN METHODIST UNIVERSITY OFFICE DEPOT USER ENROLLMENT

First Name <u>(printed</u>)	Middle I	nitial	Last Name	2	
Employee's SMU ID #		ermanent mploymen	t Status:	Full-Time	Part-Time
SMU School Name/Department / Program	n	Cam	pus Phone	E-mail address	
Campus Street (<u>Shipping</u>) Address	Building Name/Room Number				
	~~~~~			75205	
City	State			Zip	
Campus Mailing (PO Box) Address					
				75275 <b>-0</b>	
City	State			Zip	
Employee Signature				Date Signed	
Supervisor's Name (printed)		Campus	Phone	E-mail Address	
Supervisor's Signature				Date Signed	
Financial Officer's Name (printed)		Campus I	Phone	E-mail Address	
Financial Officer's Signature				Date Signed	

Please return completed for to Sarah Rincon, Procurement Services, PO Box 750416 or deliver to 6116 N. Central Expressway, Suite 205

11/30/07