SMU
STAPLES ADVANTAGE USER ENROLLMENT

Complete form, scan and email to Cathy Heckman, Purchasing, checkman@smu.edu. Direct questions to 214-768-2174

First Name ***(printed)*** Middle Initial Last Name

Employee's SMU ID #

Permanent Employment Status: ☐ Full-Time ☐ Part-Time

SMU School / Division / VP Area Campus Phone E-mail address

Department / Center / Program Building Name / Room Number

Campus Mailing ***(PO Box)*** Address

City State Zip 75275-**0**

Employee Signature Date Signed

Supervisor's Name ***(printed)*** Campus Phone E-mail Address

Supervisor's Signature Date Signed

Financial Officer's Name ***(printed)*** Campus Phone E-mail Address

Financial Officer's Signature Date Signed

Form updated: 03/10/15