

UAB LPO USER APPLICATION FORM

Action Requested:

New

Change

Terminate

LPO User Information (to be completed by applicant)

First Name

Middle Initial

Last Name

Department Name

Department Account Number

Job Title

E-mail Address

Campus Phone Number

Campus Location (Room Number and Building)

Printed Name of Prospective LPO User

Signature of Prospective LPO User

Date: _____

Printed Name

Signature of Dean/Director/VP/AED/Budget Manager

Date: _____

By signing, I certify that I shall comply with the terms and conditions of this Agreement and with all of the provisions of the University Purchasing, which are incorporated herein by reference. I have read, understand, and made myself familiar with all of its terms and provisions. I understand that when I make purchases using an LPO, I make the University liable for those purchases. I shall protect and properly use LPO forms. I shall use LPOs solely and exclusively for authorized University business purposes in accordance with the University policies and the laws of the State of Alabama. I understand that I cannot, and will not, use LPOs to purchase certain restricted items that are described in the expenditure guidelines.

I agree that I cannot, and promise that I shall not, use LPOs for personal purposes or make any personal purchases whatsoever for myself or any other person. I understand that if I choose to use my personal vehicle to pick up University-related purchases, I do so at my own risk. I understand that I must be appropriately insured under Alabama law, and I understand that the University does not provide primary insurance for employees when they are using their personal vehicles.

***Return signed form to University Purchasing, 620 AB.**