Carbondale Campus End User Instructions
FORM – New Delivery Location/Delivery Location Correction

<u>Use:</u> To request a new or revised delivery location record.

<u>Access:</u> Access the form via the E-Forms web site (http://www.eforms.siu.edu), Adobe Reader 7.0 or higher must be installed on your computer.

<u>Instructions:</u> Complete the form using the following instructions: (Unless noted, all fields are **REQUIRED**.)

<u>Header Information Section</u>: Provide basic contact/control information.

New Address/Correction

Check one - Check "New Delivery Address Request" if requesting a new or additional delivery address location; Check "Correction To Existing Delivery Address" if requesting a change or correction in an existing delivery address location.

Preparer's Name Individual requesting the new or changed delivery location.

Department Name of the Requester's Department.

Mail Code Mailcode assigned to the Requester's Department.

Phone Number Requester's phone number.

Organization Enter the Campus on which the Requester resides.

<u>Delivery Location Description Information Section:</u>

Department Name Official department name assigned by the campus.

Street Address Street address of the delivery location. *Building*

Name/Room Number Building Name and Room Number of the delivery location.

PO Box Number PO Box number of the delivery location (required only for Springfield campus locations).

City City name of the delivery location.

State	State name of the delivery location – use 2 character abbreviation.
Zip + Four	Zip Code plus four of the delivery location. If a Mail Code has been assigned, the mail code is the "+ Four" of the Zip Code.

<u>Routing:</u>   Print this form and mail it to:

Procurement Services, MC 6813.