NYU BOOKSTORES DEPARTMENT CHARGE AUTHORIZATION FORM

Department/Office Name

School

Address

Phone #

Send to: Jeanie Curtiss
NYU Bookstores
726 Broadway, 7th Floor
Ext: 84238
Fax: 54118
jeanie.curtiss@nyu.edu

Fund
Organization
Program
Project

(The above number will be your Bookstore Customer Number. You will also need to supply a 5-digit expense account number for each purchase at the cash register.)

EMPLOYEES AUTHORIZED TO CHARGE:

Director/Manager of Department Account (please print)

Phone #

Signature

Date

ADD (please print)

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
8. ____________________________

DELETE (please print)

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________
8. ____________________________

NO ONE will be permitted to charge whose name is not listed above. Anyone with TEMPORARY permission to charge (aide, graduate assistant etc.) must bring a letter EACH TIME with full department heading (letterhead), customer number and authorization. Minimum charge is $5.00.