



604.1.1f -Surplus Property Management System (SPMS) Department Initial Registration

If you are an administrator for more than one department, please submit one form per department number.

Date of Request: _____

DEPARTMENT INFORMATION

Department Number: _____	Department Name: _____
Building Name: _____	
Building Address: _____ _____	
Campus Box: _____	
Phone Number: _____	Fax Number: _____
Department Default Account Number for Surplus Warehouse Purchase: _____	
Business Unit: *UNCCH Fund: _____ Source: _____ Department: _____	
*UNCCH Business Unit only.	

PROFILE CONTACT INFORMATION

Name (as found in campus directory):	_____
Title:	_____
Email (as found in campus directory):	_____
Phone Number:	_____
Role (select one):	

Signature
Use Adobe Fill & Sign for Signatures

Supervisor Authorization - Signature

This form needs to be submitted along with the Access Request Form to your Access Request Coordinator (ARC) in your department. A [list of ARCs can be found](#) on the ConnectCarolina User Information website.