



FedEx Account Request Form

Requester: _____ Date: _____

Department: _____ Phone: _____

Position: _____ E-mail: _____

Department Chair Name: _____ Phone: _____

Reason:

Requester Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Dean/VP Signature: _____ Date: _____

Financial Administration Signature: _____ Date: _____