

**ECE DEPOT**

University of Minnesota  
 Department of Electrical and Computer Engineering  
**PSEFS Card Application and Authorization Form**

revision G

**APPLICANT INFORMATION**

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Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

By signing this, I agree that I have submitted information to the best of my knowledge, and that my account may be cancelled at any time to the discretion of the ECE Depot

\_\_\_\_\_  
 Applicant Signature                      Date

**BUDGET INFORMATION**

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Department Name: \_\_\_\_\_

PSEFS Number:

Fund	DeptID	Program	Project	CF1	CF2	EmplID	CS

Department Accountant: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 Accountant Signature                      Date                      \*Account Expiration Date

**\* accounts will be closed on this date or after two years of non-use, whichever comes first**

**VALID ACCOUNT CODES**

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Please check all account codes that are allowable on the above stated account

<input type="checkbox"/>	750101	Computer Supplies (Non-capital hardware/software)
<input type="checkbox"/>	720105	Office Supplies
<input type="checkbox"/>	720299	Laboratory & Medical Supplies (includes electronic tools, components, & supplies)

**ADDITIONAL COMMENTS/CONTACT INFORMATION**

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Please have your departmental accountant complete this application. Then bring it to the ECE Depot, room 2-126 Keller Hall, where the account number will be entered into the Depot database and the charge card will be issued.