Use:

To request a new or revised delivery location record.

Access:

Access the New/Changed Delivery Location form via the AIS eforms.

Instructions:

Select either 'New Delivery Address Request' if requesting a new or additional delivery address location or 'Correction to Existing Delivery Address' if requesting a change or correction is an existing delivery address location.

Preparer Name - Individual requesting the new or changed delivery location

Department - Name of the Requester's Department

Mail Code - Campus Box # assigned to the Requester's Department

Phone Number - Requester's phone number

Organization - Enter the Campus on which the Requester resides

Delivery Location Description:

Department Name - office 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 abbreviations

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. If using a PO Box Number, the '+ Four' is the box number.

Questions:

Contact Purchasing Department, 618-650-3255

Routing:

Submit completed form to Purchasing Department, Campus Box 1012.