

*** Required fields**

OfficeMax Set-Up/Maintenance Form for State of Iowa

To receive State of Iowa contract pricing for agency orders via www.OfficeMaxWorkplace.com, please complete the following information. Once a registered user, you may "check out" online using the eDAS codes or accounting strings (set up below), OR with your State of Iowa Pcard.

***Check type(s) of Maintenance Needed:** Consignee / Ship To New User(s) Cost Center(s)
☐ Setup or ☐ Change ☐ Setup or ☐ Change ☐ Setup or ☐ Change

State of Iowa Account # **619488** Consignee # (1-6 digit Ship To code) * _____

Name of Business Unit (Consignee): * _____

COST CENTER(S): Please provide the appropriate eDAS code OR I/3 accounting strings. (Contact your Finance person or DAS.Finance.Billing@iowa.gov with questions. Additional space on next page.)

***eDAS Code:** **OR**
eDAS (4) *Fund (4) *Dept (3) *Unit/Org (4) SubUnit (2) Program (4-6)

Description: _____

***eDAS Code:** **OR**
eDAS (4) *Fund (4) *Dept (3) *Unit/Org (4) SubUnit (2) Program (4-6)

Description: _____

Primary Contact: * _____

Street Address: * _____

Building/Suite: * _____

City, State, Zip Code: * _____

State Email: * _____ Phone: * _____ Fax: _____

Please provide the following information for anyone who will be placing orders for your agency in addition to the Primary Contact listed above:

Name: _____

Email: _____

Ship To (if different than above) _____ Phone: _____ Fax: _____

Completed by: _____ Date: _____

Contact Signature _____

Please email completed forms to: DAS.Finance.Billing@iowa.gov

NOTE: To receive State pricing at Office Max retail stores, you MUST use a State Pcard AND present a State of Iowa Office Max Retail Connect card. See contacts below for assistance. Thank You!

eDAS/DAS Finance Billing: • 515-281-0887 • DAS.Finance.Billing@iowa.gov

Pcard Program: Jacquie Holm-Smith • 515-725-2892 • Jacquie.Holm-Smith@iowa.gov

Office Max Account/Retail Connect card: Dave Kaili • 515-281-4774 • Dave.Kaili@iowa.gov

ADDITIONAL COST CENTERS (if needed): Please provide the appropriate eDAS code OR I/3 accounting strings. (Contact your Finance person or DAS.Finance.Billing@iowa.gov with questions.)

eDAS Code: eDAS (4) OR *Fund (4) *Dept (3) *Unit/Org (4) SubUnit (2) Program (4-6)

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Description: _____

Completed by: _____ Date: _____

Please email completed forms to: DAS.Finance.Billing@iowa.gov