

\* Required fields

# OfficeDepot Set-Up/Maintenance Form for State of Iowa

To receive State of Iowa contract pricing for agency orders via [business.officedepot.com](http://business.officedepot.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 # **90619488** 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](mailto: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)

Description: \_\_\_\_\_

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

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](mailto:DAS.Finance.Billing@iowa.gov)

State of Iowa Pcards are registered with Office Depot to ensure tax-exempt State pricing at retail locations. For Pcard assistance: [Pcard@iowa.gov](mailto:Pcard@iowa.gov). For Office Depot Master Agreement assistance: [Dave.Kaili@iowa.gov](mailto:Dave.Kaili@iowa.gov)



Thank You!

**ADDITIONAL COST CENTERS (of needed): Please provide the appropriate eDAS code OR 1/3 accounting strings. (Contact your Finance person or [DAS.Finance.Billing@iowa.gov](mailto:DAS.Finance.Billing@iowa.gov) with questions.**

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed forms to: [DAS.Finance.Billing@iowa.gov](mailto:DAS.Finance.Billing@iowa.gov)

