

Louisiana State University
Office of Accounting Services
Bursar Operations
125 Thomas Boyd Hall

## REQUEST FOR SALES AND SERVICES WORKDAY CUSTOMER NUMBER

**AS547** 

To request a Workday Customer Number, please complete this request and e-mail it to <a href="mailto:bursar@lsu.edu">bursar@lsu.edu</a> or fax the request to 225-578-3969.

| Once the customer is establ contact Danielle Lavergne a | •                             | notified via e-mail. Fo | r any assistance with the estab | lished account, please |
|---|-------------------------------|-------------------------|---------------------------------|------------------------|
| SECTION 1: REQUES                                       | TOR INFORMATION               |                         |                                 |                        |
| Name  |                               |                         |                                 |                        |
| Department (if internal reque                           | est)                          |                         | E-mail                          |                        |
| Phone Number  |                               |                         | Fax Number                      |                        |
| Reason Needed   |                               |                         |                                 |                        |
|   |                               |                         |                                 |                        |
| L   |                               |                         |                                 |                        |
| SECTION 2: ACCOUN                                       | IT/CONTACT INFORM             | NATION                  |                                 |                        |
| Student Organization ☐ Yes                              | □ No                          |                         |                                 |                        |
| Company Name  |                               | Phone Number            |                                 |                        |
| Billing Address   |                               | ,                       |                                 |                        |
| City  | State                         |                         | Zip Code                        |                        |
| Statement Delivery Preferred                            | d Method □ E-mail □ Mail □    | Fax                     |                                 |                        |
| Contact Name  |                               | Contact Phone           | Contact Phone Number            |                        |
| Contact E-mail  |                               | Alternate E-ma          | Alternate E-mail (if needed)    |                        |
| Work Order # (Facilities Se                             | rvices Only)                  |                         |                                 |                        |
|   |                               |                         |                                 |                        |
|   |                               | LINTING CERVICES        |                                 |                        |
|   | FOR ACCO                      | UNTING SERVICES U       | SE UNLY                         |                        |
| Customer Group □ Sales ar                               | nd Services – Control Account | t □ Sales and Services  | s - Other                       |                        |
| Workday Customer Number                                 |                               |                         |                                 |                        |
| Approved by   |                               |                         | Date                            |                        |