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.