FedEx Expedited Account Request Form

This form should be used to request a departmental FedEx account number. Accounts created using this form may be used online at Fedex.com/us or with paper airway bills.

Please fill in all blanks and obtain approval signature from your department manager.

Instructions on How to Register your FedEx Expedited Account are available at: http://apps.adcom.uci.edu/expresso/econtent/Content.do?resource=5203

Department Name: ________________________________________________________________

Department’s Physical Address (building name and room number):

_____________________________________________________________________________________

Contact Name: ________________________________________________________________

Email: _________________________ Phone: __________________________

KFS Account number to be billed for FedEx expenses related to this account: _________________

Departmental Approval

By signing below, I am confirming that I have signature authority for the account and fund listed above. I also understand that the FedEx account number must be safeguarded and that my department is responsible for all charges to this account. This portion needs to be signed by a fiscal officer who would be reconciling the transactions and cannot be same as the person this account is assigned to.

________________________________________________
Printed name of department manager

________________________________________________  ___________________________________
Signature of department manager         Date

When this form is completed, fax (949-824-4483) or email (palcard@uci.edu) to the PALCard Team.

(For PALCard Team use only)
FedEx Account Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___         Date _____ /_____ /_____
Processed By ____________________   Faxed to Mail Services _____
Acct# Given to Applicant: __________  Emailed Registration Instructions____

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