

EMPLOYEE COMPUTER PURCHASE PLAN APPLICATION FORM

We offer the Employee Computer Payment Plan program to **full time permanent staff** at the University of Manitoba.
Payments are extended over a **one-year period** and are deducted directly through payroll.

CUSTOMER INFORMATION:

Customer's Name (Last / First / Initial): _____

Employee Number: _____

Faculty / Department: _____

Campus Address: _____
(Room No., Building) (CAMPUS e.g. Bannatyne, Fort Garry)

Campus Phone Number: _____

Home Address: _____
(APT#, STREET ADDRESS) (CITY) (PROV.) (POSTAL CODE)

Home Phone Number: _____

email address: _____

YES NO

I am in a full time continuing position.

I **do not** have an existing ECPP.

I, the undersigned, declare that all the information provided above is correct.

DATE (D/M/Y):

SIGNATURE OF APPLICANT

ALL APPLICANTS MUST SUBMIT A 10% DEPOSIT UPON ORDERING PRODUCTS

CUSTOMER DEPOSIT FORM #: _____ AMOUNT OF DEPOSIT: _____

MBS QUOTE #: _____ APPROXIMATE AMOUNT OF LOAN: _____

FOR ACCOUNTING OFFICE USE:

INVOICE #: _____ APPROVED BY: _____
(see schedule A, invoice attached)

ACCOUNT #: _____ DATE (D/M/Y): _____
(see schedule B, payment schedule attached)

CONTRACT #: _____

FAX to (204) 474-7556 or bring into Computers on Campus in the BookStore