



ILLINOIS INSTITUTE OF TECHNOLOGY

REQUEST FOR SUPERVISOR ACCESS TO SMART DATA ON LINE

NOTE: Access to a SDOL account is required to review and approved cardholder accounts. A separate form must be submitted for each Cardholder you supervise.

Please submit via campus mail or fax to: Purchasing Dept., MB, RM 201 Fax (312) 567-6808

Supervisor Information

Supervisor Name			Social Security # XXX - XX - ____
Title			Date of Birth __ / __ / 19 __
Department		Mother's Maiden Name or Password	
Street Address	Bldg & Room #	Campus	IIT Email Address
City	State	Zip Code	IIT Phone Number

Cardholder Assigned

Cardholder Name: _____

Last four digits of Cardholder account number: XXXX-XXXX-XXXX-____

Supervisor Approval

As this Cardholder's supervisor, I agree to register for access to Smart Data On-Line (SDOL), be trained in its use, and review the Cardholder's procurement card transactions on at least a monthly basis by accessing the Cardholder's account record through SDOL.

Supervisor's Name (printed) _____

Supervisor's Signature _____ Date _____