

Item Request Form Affiliation Category:

	·d		Name of Department: _	
Last Name:		First Name:		Middle Initial:
UGA ID#:		Date of Birth:	UGA Email:	. (if applicable
		•	SpeedType or ChartString) and departmental ap Il billing information after paying for ID or if w	••
ayment Method:	Employee PaysD	Departmental Charge		
tems Requested:	OneCard (\$30.00)	_ Headshot Photo (\$15.00)	Name Tag (\$10.00)	
Departme	ental Billing Informa	tion:	Departmental Ap	pproval Information:
SpeedType:			•	
OR			Signature of Approver:	
Department ID:		_	Approver MyID:	
Fund:	Program:			
Class:	Chartfield 1:			
Project ID:	Activ	rity:		
PCBU:	OU:			
UNIVERS	Jse Only: Ent	ered By:	<u>D</u>	Pate:
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**UGA OneCard Office Use Only:** 

Entered By:

Date: