



Item Request Form

Affiliation Category: _____

Name of Department: _____

Last Name: _____ First Name: _____ Middle Initial: _____

UGA ID#: _____ Date of Birth: _____ UGA Email: _____ (if applicable)

Individual will be required to pay if departmental billing information (SpeedType or ChartString) and departmental approval is not completed.

No refunds or adjustments will be given if individual brings departmental billing information after paying for ID or if wrong card type is requested.

Payment Method: _____ Employee Pays _____ Departmental Charge

Items Requested: _____ OneCard (\$30.00) _____ Headshot Photo (\$15.00) _____ Name Tag (\$10.00)

Departmental Billing Information:

SpeedType: _____

OR

Department ID: _____

Fund: _____ Program: _____

Class: _____ Chartfield 1: _____

Project ID: _____ Activity: _____

PCBU: _____ OU: _____

Departmental Approval Information:

Printed Name of Approver: _____

Signature of Approver: _____

Approver MyID: _____

Approver UGA Email: _____

Approver Phone: _____

Person To Send Bill To: _____

Billing Contact's UGA Email: _____

UGA OneCard Office Use Only:

Entered By: _____ Date: _____



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Person To Send Bill To: _____

Billing Contact's UGA Email: _____

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Entered By: _____ Date: _____