



## Sales Request Form

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Changes to sales request will only be accepted from original Contact or Organization's Advisor.

**Sales Type:**

- Membership Dues/Fees
- Merchandise
- Other: \_\_\_\_\_

**Sales Information Delivery Method:**

- Master List (you will receive an emailed list of purchasers)  
Email: \_\_\_\_\_
- Print (printed receipts)
- Other: \_\_\_\_\_

Item Description	Price	Max # Available	Available Online? (y/n)	On-Sale Date	Off-Sale Date

Additional Instructions/Notes/Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advisor Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Please submit form to tickets@uga.edu at least ten (10) days prior to requested On-Sale Date.**

<b>Business Office Use Only:</b>	Approved By: _____
Fund: _____	Revenue Detail Code: _____
Dept ID: _____	Tax Detail Code: _____