

REQUEST FOR DEPARTMENTAL COPY CARD

THIS FORM IS TO BE SIGNED BY AN AUTHORIZED REPRESENTATIVE FOR THE APPROPRIATE FOAPAL
FOR RESEARCH, FUND HOLDER MUST SIGN REQUEST

FIRST NAME: _____

LAST NAME: _____

DEPARTMENT: _____

INTERNAL MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE EXTENSION: ext. _____ EMPLOYEE NUMBER: 10 _____ (Banner ID)

OPTION I: DEPARTMENT *(The Requester must provide the Organization number)*

ORG and program number this card will be charged against: 100000 / _____ / 711000 / _____
(Dept Name)

OPTION II: RESEARCH *(The Requester must provide the FUND number and the Research Title)*

ATTENTION: Fund holder (he/she) must sign "REQUEST FOR DEPARTMENTAL COPY CARD"

FUND number this card will be charged against: _____

Program number this card will be charged against: _____

RESEARCH TITLE: _____

OPTION III: OTHER *(The Requester must provide the complete FOAPAL and LITERAL translation of the FUND).*

FOAPAL number this card will be charged against: _____

LITERAL translation of this FUND: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME (of authorized signature): _____

PLEASE SEND CARD TO: End User

Other (Name, Office#) _____

Application Date: _____

TO BE COMPLETED BY THE PRINT SHOP

DEPARTMENTAL COPY CARD # _____

DATE COMPLETED: _____

COMPLETED BY: _____

ALL ORIGINAL REQUESTS MUST BE MAILED TO: THE PRINT SHOP, 102 ROBERTSON HALL