

DEPARTMENTAL COPY/PRINT CARD REQUEST

MAIL: CAMPUS CARDOFFICE, ARKU 427 •

FAX: 575-2560 •

QUESTIONS? Call Kelley @ 575-7563 or Keukeu @ 575-6896 (billing)

kline@uark.edu knabdul@uark.edu

Department Name _____ Date _____

Departmental Contact Name _____ Phone # _____

Contact e-mail address _____ Mail Stop _____

Cost Center to be billed: _____
(PLEASE USE A SEPARATE FORM FOR EACH COST CENTER)

Purchase Authorization Signature (REQUIRED)

USE ONE LINE FOR EACH CARD REQUESTED ON THIS COST CENTER

FOR ID OFFICE USE ONLY

Card# <small>FOR RECHARGE ONLY - LEAVE BLANK IF YOU NEED NEW CARDS</small>	Account <small>FOR COPYING OR PRINTING?</small>	Amount Requested	Card Name <small>(as you want it to appear on card)</small>	Amount Billed	Card # Issued	ID Office Processed	Date Processed

BASIS Internal Invoice
 Number & Date

CARDS DISTRIBUTED	<input style="width: 80%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>
DATE		SIGNATURE

For Copying only:
 University Departments are billed at a reduced rate. To determine the amount you will be billed, use the following formula:
 Amount requested on card ÷ 1.2x .0475=Amount billed
 For example, if you place \$50.00 on your card, you will be billed for \$19.79