# UNIVERSITY OF GEORGIA
## UGA OneCard

## 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: _____     Additional Accessories: _____

Select Item: _____     Additional Accessories: _____

**\*\*$15.00 upgrade REQUIRES turn-in of old card, no exceptions.**     Additional Accessories: _____

### Departmental Billing Information:

SpeedType: _____

### OR

Department ID: _____

Fund: _____     Program: _____

Class: _____     Chartfield 1: _____

Project ID: _____

PCBU: _____     Activity: _____

### 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: _____

**UGACard Office Use Only:**     Entered By: _____     Date: _____

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