

Departmental Copy Card Request Form

Date: _____ LIBRARY WHERE REQUESTED: _____

Requester's Name: _____ Phone _____
(Please Print)

Department Name: _____ Phone _____
(Please Print)

Department Address: _____
(Please Print)

Business Administrator: _____ Phone _____
(Please Print)

CARD VALUE:

Value to be added	Copy Card Number	# of new cards	Total \$
\$			
\$			
\$			
\$			
\$			
Total new cards		@ \$1.00	
TOTAL CHARGES			\$

AMOUNT TO BE CHARGED TO EACH BUDGET:

\$	CNAC	ORG	BC	FUND	OBJ	PRGM	CREF	Exp. Date
					5227			
					5227			
					5227			
					5227			
\$	Total Charges (It must match Total Charges in Card Value Section)							

CHECKS: Make checks out to the Trustees of the University of Pennsylvania

*****Form MUST be signed by the Business Administrator*****

Business Administrator Signature

* Van Pelt Library, Business Office, Room 239, offers "while you wait" service Mon.-Fri. 9a.m. to 4:30p.m.*

*Please Note: These cards can only be used for Library services
 Please retain a copy for your records and bring it to the Library when picking up cards*