LIBRARY & CKM - COPY SERVICES
RECHARGE AUTHORIZATION

DEPARTMENT _____ UNIT _____

ADDRESS _____ TELEPHONE _____

UCSF - 434915 (NCA)

Fund (5) Required	DPA (6) Required	Program Code (5)	FY (2)	Reference/sub PO/PO # (10)

AUTHORIZED BY: (see note 4 below)

_____

PRINT NAME (Required) SIGNATURE (Required) DATE

GALEN PRINTING ACCOUNT:

ADD $_____ NAME _____ LOGIN _____
(case sensitive)

CASHIER _____ DATE _____

Card Value (in Copies)	Number of Cards Requested
50 copies	_____
100 copies	_____
500 copies	_____

LIBRARY USE ONLY

	UCSF Cost Per Card ($)	Non-UCSF Cost per Card ($)		Total Cost
50 copies	X _____	_____	=	_____
100 copies	X _____	_____	=	_____
500 copies	X _____	_____	=	_____
		TOTAL	$	_____

_____ _____
Card(s) Issued By Date

IMPORTANT NOTES:

1- Keep a copy of all requests.
2- To receive copy cards, present completed form and current UCSF ID at the Library Cashier's Window (2nd floor, Room 211).
3- Photocopy of UCSF ID will be attached to request for purchases of $75.00 or more.
4- If reimbursement is sought from a federal source, the customer accepts full responsibility that such costs are allowed under federal policy.
5- Call Ext. 6-8128 in advance if more than 10 cards are requested.

CARD(S) RECEIVED BY:

_____

PRINT NAME SIGNATURE DATE

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