

Chemistry Department – Copy Code Request Form

This form is to document that the person named below is authorized to use copiers located in the Chemistry Department and/or the Science Engineering Library (SEL), and allow these charges to be assigned to the chartfield noted below. Print and complete this form, then turn it in to the Chemistry Accounting Office in 1104 Newman & Wolfrom Lab.

Requestor's Name: _____

Requestor's e-mail address: _____

Copy code requested for (select one):

Chemistry Department copiers only: ____

SEL copiers only: ____

Both Chemistry Department and SEL copiers: ____

If an SEL account code is requested please provide your Buck ID number:

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(Include copy of Buck ID card with number visible and attach to this form)

Note: Your copy authorization code is considered personal information and should not be shared with other individuals. Monthly copy activity is reviewed for appropriate levels of activity. Misuse of copy privileges will result in accounts being inactivated.

Name of Academic, Admin or Research Group: _____

Chartfield to assign copy charges:

*Org: _____

*Fund: _____

Project: _____

Program: _____

*required fields

Approval of person with ownership of above chartfield:

Printed Name: _____

Signature: _____ Date: _____

Accounting Office Use Only:

Copy Code Number Assigned: _____ Date: _____

Date that e-mail request was sent to buckidservices (Buck ID office): _____

SEL account set-up date: _____

Date e-mail sent to notify requestor of copy code: _____