



Instructions to request valet stamps

****** PLEASE REFERENCE THE FOLLOWING IN RED FONT FOR AN EXAMPLE ON HOW TO COMPLETE THE FORM – PLEASE PROVIDE ALL INFORMATION IN ORDER TO OBTAIN VALET STAMPS******

Valet stamps are available weekly between 9:00 a.m. and 5:00 p.m. with an Emory work badge in addition to the completed request form.

***DEPARTMENT NAME:**

Department that is requesting the valet stamps

***UNIT / ENTITY (hceuh, hcwwc, ehecc, emunv, etc.):**

Emory University Hospital or Emory Orthopaedic & Spine Hospital – **hceuh**

Emory University Hospital Midtown or Winship Cancer Institute – **hcehm**

Wesley Woods Geriatric Hospital – **hcwwc**

Emory Children's Clinic – **ehecc**

Emory University – **emunv**

The Emory Clinic - **hctec**

***SMARTKEY ACCOUNT # (ten digits):**

Varies by entity (example: 3526890000, 0000019569)

***DEPARTMENT # (6 digits – old FAS account number):**

Varies by entity (example: 352689, 109560) – Use to be the FAS number.

***SUBCODE ACCOUNT # (5 digits – subcode plus one digit):**

Varies by entity (example: 5-8384, 5-8382, 6-8390) – Use to be the expense subcodes.

If there are any questions, please contact Katrina with Guest & Volunteer services. She can be reached during the week at 404-712-0375.



VALET STAMPS REQUEST FORM

BATCH NUMBER(S): _____

DATE: _____

Valet _____

***** PLEASE PROVIDE INFORMATION WHERE THERE ARE RED ASTERISKS. THANK YOU! *****

*DEPARTMENT NAME: _____

*UNIT / ENTITY (**5 letters** - hceuh, hcehm, hcwwc, hctec, ehecc, emunv): _____

*SMARTKEY ACCOUNT # (ten digits): _____

If stamps are split between department and/or account numbers, please divide in increments no smaller than 5 or \$40.00
Minimum of 100 = \$800.00

*DEPARTMENT ACCOUNT # (**6 digits** – FAS #): _____

*SUBCODE ACCOUNT # (**5 digits** – expense sub account # plus one digit): _____

*NUMBER REQUESTED: Valet Stamps _____

*DEPARTMENT DIRECTOR: _____

*PHONE NUMBER: _____ *PAGER OR PIC#: _____

*SIGNATURE OF PERSON
RECEIVING STAMPS: _____

*PRINTED NAME: _____

*Extension: _____ *Pager or PIC Number: _____

GSA's ONLY:

NUMBER ISSUED: Valet Stamps _____

NAME OF PERSON ISSUING VALET STAMPS: _____