

CALLING CARD
REQUEST FORM

Charge to: _____
Name Acct# Dept. # Phone # SAP Employee #

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This card is to be used for official business calls and must be returned when no longer required by the department or individual. This card will be cancelled if misused.

Requested By: _____ **DATE:** _____

Ph. # : _____

MAIL OR FAX COMPLETED FORM TO:

Phil Maggard
Communications Services
04 Parking Structure #2
Lexington, Ky. 40506-0198
Phone: : 218-0311
Fax: 323-9000
pmagg0@uky.edu