

IUPUI Campus OneCard Services

Verification and Authorization Form for Employee ID

Employee Information:

Employee Name: _____

Department: _____

Campus Address: _____

Phone #: _____

Status *(please circle one)*: Faculty Staff Resident Fellow

Charges *(please check all that apply):*

- New Employee - \$ 10.00
- Replacement ID - \$ 20.00
- Clip - 30¢
- Lanyard - \$1.00

(please check only one below)

- Employee is responsible for all charges listed above.
- I hereby authorize Campus OneCard services to charge the following account number for the item(s) checked above.

Account #: _____ Object Code: _____

Authorized Signature: _____ Date: _____

Office Use Only

Billing Date: _____

FIS Document #: _____

Billed By: _____