



## 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:** \_\_\_\_\_