

Scantron Form Order Request

University Testing Services * Clark Howell Hall * 706-542-3183

Today's Date: _____

Contacts and Billing

Note: Forms will not be provided until billing contact and chart string information are provided.

Professor/ Instructor: _____ Telephone: _____

Email Address: _____

Campus Mail Address: _____

Department: _____

Billing Contact: _____ Telephone: _____

Email Address: _____

Speedtype/Accounting Tag: _____

Or

Chart String: Fund _____ Program _____ Department _____ Class _____

Order Information

Form	Quantity	Cost	Total
Form 229633 (Pack of 500)		\$80.00 each	

Delivery Options (select one)

Department pickup in Clark Howell Hall, Room 137

Campus Mail

By requesting the above forms from University Testing Services, I agree that:

- I understand that my department will be charged as described above and that I am authorized to incur these charges.
- **Forms will not be provided until complete billing contact and chart string information is provided.**

Signature: _____ Name (Print): _____