



Instructions to process request for 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******

**An Emory work badge in addition to the completed request form are needed to obtain
valet stamps between 9:00 a.m. and 5:00 p.m., Monday - Friday.**

***DEPARTMENT NAME:**

Department that is requesting the valet stamps (example: Guest Services)

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

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

Emory University Hospital Midtown – **HCEHM**

Wesley Woods Geriatric Hospital – **HCWWC**

Emory Children's Clinic – **EHECC**

Emory University – **EMUNV**

***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.

If there are any questions, please contact Michelle Brown with Guest & Volunteer services. She can be reached at 404-712-0375 during normal business hours.

EMORY

HEALTHCARE

VALET STAMPS REQUEST FORM

BATCH NUMBER(s): _____

DATE: _____

Valet _____

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

*DEPARTMENT NAME: _____

*UNIT / ENTITY (HCEUH, HCWWC, EHECC, EMUNV, etc.): _____

*SMARTKEY ACCOUNT # (ten digits): _____

If stamps are split between department and/or account numbers, please divide in increments no smaller than 20 or \$160.00

Minimum of 100 = \$800.00

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

*NUMBER REQUESTED: Valet Stamps _____

*DEPARTMENT DIRECTOR: _____

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

*SIGNATURE OF PERSON
RECEIVING STAMPS / TOKENS: _____

*PRINTED NAME: _____

*Extension: _____ *Pager or PIC Number: _____

GSA's ONLY:

NUMBER ISSUED: Valet Stamps _____

NAME OF PERSON ISSUING VALET STAMPS: _____