

EMORY HEALTHCARE

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: _____