

**University of Arkansas
Facilities Management
Campus Key Office
Permanent/Temporary Gate Opener Request**

Name: _____ Date: _____
(Please Print) (Month/Day/Year)

Department: _____ Vendor: _____
(N.A. if vendor) (N.A. if U of A Department)

Departmental PO# _____ Vendor Check # _____
Vendor Cash Deposit: \$ _____

Phone# _____ E-mail: _____

Quantity Requested: _____ Issue Type: _____
(Temporary /Permanent)

Justification: _____

Quantity Issued: _____

Unit Serial Numbers: _____

Date Issued: _____ Due Date: _____

FM Approval Signature: _____

Issuing Campus Key Office Signature: _____

Received By: _____

When University departments or contractors/vendors return the gate opener within the specified temporary sign out period, the campus key office will not process the departmental PO#, contractor/vendor deposits will be refunded. The campus key office will attempt to contact those with outstanding issues the morning following its scheduled return date. If the unit is not returned by noon that day, the campus key office will process the PO# to finance and the department will forfeit their deposit, contractors/vendors will forfeit their deposits.

Date Returned: _____

Vendor Check # Returned _____ Vendor Deposit Returned \$ _____

Receiving Campus Key Office Signature: _____