Department: _________________________________ Date: ____________________________

Contact Person: _________________________________ Phone Number: ____________________

Authorized Dept. Signature: __________________________________________________________

Form Name: __________________________________________________________________________

Form Number: __________________________ Estimated Annual Usage: _____________________

Who uses the form?

____ Persons and groups outside the University System of Maryland, including students (Public Use)

____ University of Maryland Departments, Faculty, and Staff (Intra-Institution Use)

____ University System of Maryland campuses (Inter-System Use)

Is the form a multi-copy form? _______ Yes _______ No

Is the completed form used by your department only? _______ Yes _______ No

Are you required to keep the completed form by law until audit requirements are met? _______ Yes _______ No

What is the purpose of the form? (Please note that if a form is created to collect data on a one-time basis, it is not considered a form under the Forms Management Program.)

Supplier (Check All that Apply):

____ University Printing Services

____ Off-Campus Vendor

____ Office Photocopi er or Reprographic Services

____ Printed out on a printer, then filled in by hand

____ Filled in on a computer, then printed on a printer

____ Filled out and transmitted by computer / never printed

____ Other (Please identify: ________________________________________________________ )

Date form was initially created: _________________ Date form was revised (if any): _______________

** Please include a sample of the form.

FMGT-001 (Rev. 4/98)