

**University of Maryland
College Park
Form Information Sheet**

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 Photocopier 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)