



# Payment Card Request Form

<b>Department</b>	<b>Requestor Name</b>	<b>Email</b>
<b>UMC</b>	<b>Phone</b>	<b>Request Date</b>
<b>Special Instructions</b>	<b>TA#</b>	<b>Date Needed</b>
<b>Business Services Review Date</b>	<b>Business Services Reviewer</b>	<b>Index</b>

<b>Signature Finance Manager:</b> (amount up to \$5000)	<b>Signature Department Head:</b> (\$5000 to \$10,000)	<b>Signature Dean:</b> (amount over \$10,000)
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	<b>Recipient First Name</b>	<b>Recipient Last Name</b>	<b>A#</b>	<b>DOB</b>	<b>10 Digit Card Number</b>	<b>Amount</b>	<b>Purpose</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

<p><b>Allow 7-10 days for processing of new personalized cards.</b>  <b>Allow 3-5 days for funding to existing cards.</b></p>	<b>Total</b>
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