

Prepaid Card Order Form
Swift Prepaid Solutions System

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|--------------------------------|--|
| Date: | |
| Department Name: | |
| Dept. Requestor Name: | |
| Requestor Phone Number: | |
| Requestor E-Mail: | |
| Study Name: if study related | |
| Funding Source (Speedtype): | |
| PI/Researcher Name: | |

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|---|
| <p>Number of Cards Requested : \$1.75 x _____ = \$ _____</p> <p>Funding Source to Charge Fee (if different than above): _____</p> |
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| <p>Projected Amount of \$\$ Funding that will be Placed on these Cards - \$ _____</p> <p>Time Frame that Cards Will be Distributed - From _____ (MM/YY) To _____ (MM/YY)</p> |
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***All cards must be picked up at the Controller's Office. You will be contacted at the number above when cards are ready.*

Requestor Name (Printed)

Requestor Signature

Authorized Name (Printed)

Authorized Signature

| | |
|-------------------------------------|-----------------------------|
| <u>For Controller's Office Use:</u> | |
| Date: _____ | |
| Number of Cards Issued: _____ | |
| Issued By: _____ | (Controller's Office Staff) |
| Accepted By: _____ | (Department Representative) |