University of Louisville
Swift Prepaid Card Order Form

Date:	
Department Name:	
Dept. Requestor Name:	
Requestor Phone Number:	
Requestor Email:	
Study Name:	
Funding Source (speedtype):	
PI/Researcher Name:	

Number of Cards Requested: $1.75 x _____ = $ _____

Funding Source to Charge Fee (if different than above): _____

Projected Amount of $$ Funding that will be Placed on these Cards: $ _____

Time Frame that Cards Will be Distributed: From _____ MM/YY   To: _____ MM/YY

To process, please submit the completed form via email to **acctspay@louisville.edu.**

_____

Requestor Name (printed)   Requestor Signature

_____

Authorized Name (printed)   Authorized Signature

For Accounts Payable Use – Internal Use ONLY:

Date: _____

Number of Cards Issued: _____

Issued By: _____ (Accounts Payable Staff)

Accepted By: _____ (Department Representative)