

University Center Card Request Form

No electronic submissions will be accepted. Please print and turn in a hard copy of this form to the University Center Student Activities Desk outside of MGC 271 and 274

Submission Date: _____

Date Received: _____

ORGANIZATION INFORMATION:

ACCOUNT NUMBER (5 DIGITS): _____ 25 LIVE RESERVATION # _____

Full Organization Name _____

Requestor's Name _____

Additional Pick-Up Names _____

Email Address _____

Phone Number _____

Event/Project Name _____ Date of Event _____

CARD TYPE

P-Card

Eaglebucks

Gift Card

Date needed (no ASAP) _____

FUNDING SOURCE

ALLOCATION

REVENUE

VENDORS

VENDOR _____

AMOUNT REQUESTED _____

VENDOR _____

AMOUNT REQUESTED _____

VENDOR _____

AMOUNT REQUESTED _____

DETAILED PURCHASE DESCRIPTION

- All cards must be returned within 48 hours
- Expenditures cannot exceed approved amount. Any changes or possible overspending should be submitted to safinances@american.edu
- Please fill out a detailed expense report and attach all receipts
- **Failure to follow card rules will result in a transgression**

APPROVAL

President/Treasurer Comptroller Printed Name

Signature

Date

UC Advisor/Financial Administrator Printed Name

Signature

Date

UC Director/Senior Director Printed Name

Signature

Date

CARD #