# PRepaid Card Program Application

# Submit complEted form to: Cash Handling and Banking Services

#  2195 Hearst Ave. ste 120, #1111 OR pettycash@berkeley.edu

# For Information contact: 643-9803 or pettycash@berkeley.edu

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| **Research Contact** *(Principle Investigator or Research Custodian)* |
| Name:  | Employee ID #:  |
| Campus Address:  |
| Phone:  | Email:  |
| **Department Information** |
| Name:  |
| Address:  |
| **Business Office Contact**  |
| Name:  | Employee ID #:  |
| Campus Address:  |
| Phone:  | Email:  |
| **Payment Method** *(Check one)* |
| [ ]  Instant Issue Plastic [ ]  One Batch Virtual Payment |
| **Program Information** *(Attach copy of the* ***CPHS*** *approval or exemption letter)* |
| Program name:  | Total funds allocated for research program: $ |
| Minimum payment amount (over $10.00): $  | Maximum payment amount:$  |
| Maximum amount of funds needed through any two week period: $  | Number of instant issue plastic cards needed:  |
| Research Start Date:  | Research End Date:  |
| **Expense Chartstring** |
| **Business Unit** | **Account** | **Fund Code** | **Department** | **Program** | **Chartfield 1** | **Chartfield 2** |
|  |  |  |  |  |  |  |
| **Director Level Approval** *(Cannot be Prepaid Card Program Research Contact, Business Office Contact, or User)* |
| I authorize the establishment of a Prepaid Card Program for the above program. I understand I am responsible for:* Ensuring that the use of the Fund is in compliance with University policies applicable to the Fund type.
* Confirming that a review of the Fund reconciliation is conducted at least quarterly by someone other than the Research Contact, Business Office Contact or User.
* Reporting any Fund discrepancy to Cash Handling and Banking Services.
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| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cash Handling and Banking Services Use** |
| **Approval:**Print Signature Title Date |
| IM #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | IS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Wallet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |