# PRepaid Card Program Application

# Submit complEted form to: Cash Handling and Banking Services

# 2195 Hearst Ave. ste 120, #1111 OR [pettycash@berkeley.edu](mailto:pettycash@berkeley.edu)

# For Information contact: 643-9803 or [pettycash@berkeley.edu](mailto:pettycash@berkeley.edu)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Cash Handling and Banking Services Use** | | | | | | | | | | | | |
| **Approval:**  Print Signature Title Date | | | | | | | | | | | | |
| IM #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | IS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Wallet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |