

PREPAID CARD PROGRAM APPLICATION

SUBMIT COMPLETED FORM TO: CASH HANDLING AND BANKING SERVICES
140 UNIVERSITY HALL, #1111 OR pettycash@berkeley.edu

FOR INFORMATION CONTACT: 643-9803 OR 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)*

<input type="checkbox"/> Instant Issue Plastic	<input type="checkbox"/> Personalized Plastic	<input type="checkbox"/> Virtual Payment
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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: _____	Date: _____
Title: _____	Email: _____

Cash Handling and Banking Services Use

Approval:

Print	Signature	Title	Date
IM # _____	IS# _____	Wallet \$ _____	