

DEPARTMENT CARD APPLICATION FORM
UNIVERSITY OF PITTSBURGH
PLEASE TYPE OR PRINT CLEARLY

Department name: _____

(AS IT WILL APPEAR BELOW THE CARDHOLDER NAME ON THE CARD – MAXIMUM 24 CHARACTERS)

Phone #: _____

Fax#: _____

Campus address line #1

City/State/Zip: _____

Amount of Initial Load: \$ _____

Enter amount allowed to be loaded on at any one time: \$ _____

Enter amount allowed to be stored on the card in total: \$ _____

Reason for usage: _____

Person to receive Stored Value Statement quarterly reports: _____

(Please print name, phone number, campus address and email address)

ACCOUNT # TO CHARGE: _____

REQUESTOR'S NAME _____

Please Print

Signature/Date

APPROVED BY: _____
Please print Department Chair/Supervisor

Signature/Date

PLEASE RETURN TO PANTHER CENTRAL, ATTN: AMY DICKINSON

Panther Central Office Use Only:

Card picked up by:

Please Print Name

Signature