

Departmental Credit Card Request Form

University of Maryland, College Park

This form is **required** by Student Financial Services and Cashiering (SFSC) in order to process credit card activity on behalf of your department/unit.

- The credit card section **MUST be handwritten on the form.**
- No photocopy, scan, or electronic version of this document may be reproduced once the credit card information has been completed.
- Faxing or emailing this form is prohibited.

The university PROHIBITS obtaining credit card information over the phone.

By following these procedures, we are able to ensure sensitive information remains protected, is not stored on university servers and adheres to PCI (Payment Card Industry) requirements.

Department Information:

Department Name: _____
Requestor's Name: _____

Date of Request: _____
Division Name: _____
Requestor's Email: _____

Workday Information:

Company Code: _____
Driver Worktag: _____
Spend/Revenue Category Code (if applicable): _____
Ledger Account: _____
Desired Workday Description: _____

Credit Card Information:

Dollar Amount of Transaction: _____
Type of Transaction: _____ Sales(Charge) OR _____ Refund (Credit)
Card Type: _____ Visa _____ MasterCard _____ DiscoverCard _____ AMEX
Last 4 digits of Card Number: _____

An electronic copy of this form may be found at finance.umd.edu under Quick Links.
Questions may be addressed to Denise Moore, SFSC Cashier Manager at emoore1@umd.edu.

Credit Card Information: **(MUST BE HANDWRITTEN ON FORM)**

Credit Card Number: _____
Cardholder's Name: _____
Card Type: _____ AMEX _____ Discover _____ MasterCard _____ Visa
Expiration Date: _____