

UNIVERSITY OF NORTH CAROLINA
SCHOOL OF THE ARTS

**REQUEST FOR
 DEPARTMENTAL PREPAID CARDS**

To: Controller

Date: _____

From: Custodian ==> (print) _____

(sign) _____

The following is a request for authorization to acquire departmental prepaid cards for:

Department _____

Amount: _____

Location of Departmental Prepaid cards: _____

Employees Responsible for Departmental Prepaid Cards	Job Title	Telephone Number	Email Address
Custodian:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: The Custodian denotes the person responsible for overseeing the prepaid card activity, maintaining a prepaid card process consistent with school policy, and reconciliation of the Fund.

Purpose for Departmental Prepaid Cards	Banner Index - Banner Account(s)
_____	_____
_____	_____
_____	_____
_____	_____

Department Head Approval: _____
 Signature

Bursar's Approval: _____
 Signature

Purchasing Director's Approval: _____
 Signature