

R-Card Terminal Usage Request Form

Submit no later than **7 BUSINESS DAYS** prior to the first day of sales.

*User/Contact Name <input style="width: 95%;" type="text"/>	*Phone Number <input style="width: 95%;" type="text"/>	*Email <input style="width: 95%;" type="text"/>	
*Organization/Department <input style="width: 95%;" type="text"/>	*Event Name <input style="width: 95%;" type="text"/>	*Start Date <input style="width: 95%;" type="text"/>	*End Date <input style="width: 95%;" type="text"/>
*POS Register Buttons <input style="width: 95%;" type="text"/>	*Wireless Readers <input style="width: 95%;" type="text"/>	*Location (where wireless readers will be used) <input style="width: 95%;" type="text"/>	

	*Item/Product Description ("D" stands for donation)	*Price of Item (Pre-tax)	*Tax Amount
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
D	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

*For donations, what items or services are received from donation payment? (if applicable)

	FUND	ORG	ACCT
*Budget Number (where the funds will be deposited):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

If FUND is 110000, ACCT must be a valid 50000 series number.

***Budget Manager Signature**
(Must approve deposit of funds into account listed above)

***Usage Agreement**

I, _____, agree that I, the organization I belong to, and the department I am affiliated with, is financially responsible for all equipment that is signed out to me, including the Sequoia Wireless R-Card Terminal, its components (printer, network equipment, chargers, readers, attachments, etc.), carrying case, and any other item checked out for the event. If any equipment is lost, stolen, or damaged, I, the organization and the department will be financially responsible for the repair or replacement of the equipment. If a problem occurs with the equipment or if any equipment is lost or stolen, I understand it is my responsibility to contact the R-Card Office immediately, or campus security to file a report after hours for the missing equipment. I also understand I am liable for any unauthorized use of the equipment while in possession. I agree to return any equipment to the R-Card Office on the next business day. If I cannot return the equipment on the required day, it is my responsibility to make other arrangements with the R-Card Office to avoid any penalties.

***User/Contact Signature**

Office Use Only

I (initials), _____ received this form on _____. I (initials), _____ completed this request on _____.

Product #'s 1. 2. 3. D