

Departmental Credit Card Request Form

University of Maryland, College Park

This form is **required** by 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 of this form is prohibited.

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.

Date of Request: _____

Department Information:

Department Name: _____

Division Name: _____

Requestor's Name: _____

Requestor's Email: _____

KFS Information:

Campus Code: _____

KFS Account Number: _____

KFS Object Code: _____

Desired KFS Description: _____

Card Information:

Dollar Amount of Transaction: _____

Type of Transaction: _____ Sales (Charge)

_____ Refund (Credit)

Card Type: _____ Visa

_____ MasterCard

_____ DiscoverCard

_____ AMEX

Last 4 digits of Card Number: _____

Questions regarding this form or to obtain an electronic copy, please contact Denise Moore 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: _____