Application and Authorization Form (Please type or print)

Department Name

Campus Mail Address

Contact Person (Please Print)

Campus Phone Number

FRS Account Number

Object Code

| 5170 |

Name of each Cardholder/Authorized User (Please Print)

1.

2.

3.

4.

5.

6.

Signature of each Cardholder/Authorized User

1.

2.

3.

4.

5.

6.

The names listed above are authorized to charge business meeting expenses to the departmental FRS account listed above.

Please Check One:

☐ Order separate individual cards for each person listed above

☐ Order only one departmental card with multiple authorized users

Terms and Conditions

The department assigned a Student Union Dining Card is responsible for all charges made unless the department reports that a card is lost or that a person assigned a card is no longer authorized to charge to the department account. Lost cards or cancellation of accounts are made in person at the Meal Plan Office (Student Union Memorial Center Room 259) or by phone (621-7043). A $5.00 fee will be charged for each replacement card. The Arizona Student Unions are not responsible for verifying the authenticity of any signature. At the time of purchase, charge card holder must complete an “Expense Record” form.” A duplicate “Expense Record” form will be made available to each charge card holder at the time of purchase. The Union is not responsible for any inaccuracies listed on the “Expense Record” form. Individual Departments, and their Fund Accountant are responsible for determining policy regarding the disposition of the duplicate “Expense Record” form.

NO CHARGES ARE AUTHORIZED WITHOUT A VALID CARD

Signature of Department Head Date

This is a sample of the Dining Services Expense Record

Expense Record

Date: __________

Subtotal: __________

Tax: __________

Total: __________

Dept. Name: __________

Card # __________

Nature of Exp:

Business Purpose

Signature: __________

Guests: __________

________

________

________

________

White Copy - Student Union
Canary Copy - Customer