



## Departmental Request Form

Date: \_\_\_\_\_

Mail form to Wiscard Office, 1308 W Dayton Street or [wiscard@union.wisc.edu](mailto:wiscard@union.wisc.edu)

### Type of Request – select one

Guest Print Account Cards Qty: \_\_\_\_\_ X \$.50 per card = \$\_\_\_\_\_

Wisconsin Union Gift Card Deposit\* Qty: \_\_\_\_\_ X \$\_\_\_\_\_ = \$\_\_\_\_\_

Wiscard Account Deposit\* Qty: \_\_\_\_\_ X \$\_\_\_\_\_ = \$\_\_\_\_\_

Replacement Wiscard fee Qty: \_\_\_\_\_ X \$25 per card = \$\_\_\_\_\_

Other or Variable Deposit Amount \_\_\_\_\_ \$\_\_\_\_\_

\* If Gift Card or Wiscard deposit amounts vary, select the appropriate radio button and enter the total deposit on the 'Variable Deposit Amount' line. Provide a separate list that includes ID numbers, names and deposit amounts necessary to complete order.

### Department and Payment Information

Department: \_\_\_\_\_ Requester Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Purchase: \_\_\_\_\_

Funding String: 

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(Fund) (Dept ID) (Program Code) (Account)

Project # (if applicable): 

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Wisconsin Union Account Code: 

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(WU department staff only)

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Total Amount: \$\_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

GP/WISDM Entry Date: \_\_\_\_\_