

Charge-UM Card Request Form

On Campus (FRS#)

Requesting Department _____

Department Location _____

Contact Name _____ Phone _____

Debit Account# _____

Date ____ / ____ / ____



Special Notes

Term and Conditions of Account

Dining Services will be responsible for the following:

- a monthly journal voucher will be issued at the beginning of each month for all transactions that occurred the previous month
- a detailed transaction log will be included for departmental reconciliation purposes
- all transaction will be considered as campus activity and therefore will be tax exempt

The card holder and/or the department will be responsible for the following:

- request a detailed receipt from the cashier at the beginning of each transaction
- for all campus required reporting involving the purchase of food with state funds (if applicable)
- securing the card when not in use, and reporting the card lost or stolen immediately to Dining Services, Contract Office, #301-314-8064
- all transactions will be considered valid unless Dining Services is notified in writing about any irregularity within 30 days of the billing
- all correspondence should be directed to Teresa Dye, at tdye@dining.umd.edu

Card received by _____

Date ____ / ____ / ____

Card Number Assigned: _____