



UNIVERSITY OF CALGARY

# Research Accounting – IDB Card Payment Form

- Email completed form to [finance@ucalgary.ca](mailto:finance@ucalgary.ca)
- For assistance contact [UService](mailto:UService@ucalgary.ca) at 403-210-9300 or [finance@ucalgary.ca](mailto:finance@ucalgary.ca)

## TYPE OF REQUEST

New Card       Replacement       New Member       Increase Budget       Reallocate Budget   
 (only FSCM delegate)

## 1. DEPARTMENT OWNER OR PROJECT HOLDER / DELEGATE INFORMATION

Last Name:       First Name:

UCID #       Title

Contact #:       Email:

## 2. PROJECT / DEPARTMENT INFORMATION

Fund: \_\_\_\_\_ DeptID: \_\_\_\_\_ Project Number / Internal Code \_\_\_\_\_ Activity: \_\_\_\_\_

## 3. CARD TO BE ISSUED FOR THE FOLLOWING IDB CENTRES

HSARC	Budget
Chemstore	Budget
Engstore	Budget
Distribution Srvs	Budget
Total	

The total will not exceed \$10,000

*I hereby take responsibility for the assigned card issued in my name. I acknowledge that as with a regular debit card every time I order from the IDB center I will be asked to swipe my card and enter the assigned personal identification number (PIN). As the named cardholder /authorized user of the card, I will be responsible for all charges incurred on the card upon its use.*

**Note: Providing the card and PIN to other members of your team constitutes approval for the purchase of goods / services charged on the card.**

\_\_\_\_\_  
**Print Name:** Department Owner / Project Owner

\_\_\_\_\_  
**Signature:** Department Owner / Project Owner

Date (mm-dd-yyyy):