



**UNIVERSITY OF
CALGARY**

IDB CARD RECEIPT

Research Accounting
finance@ucalgary.ca

IDB CARD PAYMENT PROGRAM

Project Holder Name: _____ **Department:** _____
(Please Print)

Project Number: _____

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.

Please check:

- I have received my IDB card
- I have assigned the following University of Calgary Employee to pick up my IDB card on my behalf:

Name: (please print) _____

UCID: _____

Designate Pick-up Signature/Date: _____

CONFIRMATION SIGNATURES

Project Holder:

(Required)

Signature

Date