Bear Bucks Department Card Request Form

Departments wishing to obtain a card pre-loaded with Bear Bucks must complete and submit this form to Campus Card Services (CB 1055, Fax: 5-4402 or email to campuscard@wustl.edu). The card can be used by members or guests of the corresponding department at Bear Bucks-accepting locations on and off campus.

*Visit http://card.wustl.edu for a complete list of Bear Bucks-accepting businesses!

Once the form has been received, a Campus Card Services staff member will contact you to arrange for pick-up. Bear Bucks Department Cards cost $1.00/card (this fee is in addition to Bear Bucks ordered). Replacement cards are $10 each. A new form must be submitted each time funds are added. For questions, please call Campus Card Services at (314) 935-8800.

Please allow two weeks for card orders to be processed.

Department Name: ________________________________ Department Billing Code: _________

Program/Department Name (to be printed on card): ________________________________________

Number of cards: ________ Amount of Bear Bucks to be added to each card: ________

Amount cannot exceed $2,000 per card.

Activation Date of Bear Bucks: ___________ Expiration Date of Bear Bucks: ___________

Expiration not to exceed 5 years from date of activation.

RELOAD EXISTING DEPARTMENT CARD ORDER ONLY

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<th>Card #:</th>
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Amount cannot exceed $2,000 per card.

Requestor: ________________________________ Requestor Phone #: ________________

Requestor Signature: ________________________________ Date: _________________________

Department Head Name: __________________________ Dept Head Phone #: ________________

Dept. Head Signature: ____________________________ Date: _________________________

ORDER PICKED UP BY:

Print Name: _____________________________________________________________________

Signature: ____________________________ Date: _________________________

CCS OFFICIAL USE ONLY:

Card Numbers Assigned: ____________________________________________________________________

Billing Ref: ___________________________________________ Plan # __________