

**Campus Card Services
Card Reader Rental
Reservation Request Form**

Group/Dept. Name: _____

Event Title: _____

Location of Sales: _____

Item for Sale: _____ **Price:** _____

Exact Start Date: _____ **Exact Start Time:** _____

Exact End Date: _____ **Exact End Time:** _____

Contact Name: _____ **Title:** _____

(This must be the person to check out & check in the card reader from Campus Card Services Office.)

Email: _____ **Phone Number:** _____

Department/Fund Number where funds should be applied (minus 5% per transaction fee): _____

If your group does not have a department number, you must provide a federal tax ID #: _____

- ✓ I understand that use of the Bear Bucks Reader is a privilege which may be revoked at discretion of the Campus Card Services Office.
- ✓ I am aware of and agree to all the Bear Bucks Reader policies and take personal responsibility in communication of all policies to any and all group members involved in using this terminal.

Signature: _____ **Date:** _____

Office use only: Request was approved on _____ by _____.

For any changes to the above request, please submit a new form & signature.