

Swift Card Program
User Set Up and Card Request Form

Please complete sections highlighted in yellow below - submit completed form to: PaymentServicesElp@ttuhsc.edu

Note: Please allow a minimum of one week for processing your card order.

Swift Card Program (OMS) User Setup Information

Department User Employee ID: **R** _____ Employee Name _____
 Department Code and Name: _____
 Department User Phone Number: _____
 Department User Email: _____
 IRB # _____ Study Name/Project# _____
(This field is only required if an IRB # doesn't exist.)

Card Request Information (Maximum time period per request is three months.)

Number of Participants Expected: _____ Total \$ Amount: _____
 Begin Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____

Amount	Number of Cards	Total

Approvals

Department User Name (Print): _____ Signature/Approval: _____ Date _____
 PI Name and R # (Print): _____ Signature/Approval: _____ Date _____
 Fund Manager Name (Print): _____ Signature/Approval: _____ Date _____

By signing above, I confirm I have read OP 72.19 and I agree to keep the cards stored in a secure/locked location with limited access. I am responsible for validating the information of the participant for each card issued.

Fund Information

FUND ORGN PROG

FOP to Charge for Cards Disbursed:
 Backup FOP (local funds only):

Note: If cards expire without being disbursed, the \$1.75 fee/per card will be charged to the backup FOP.

Card distribution from Payment Services to Department User

Date: _____ Date Request Form Received: _____
 Total Number of Cards to Dept: _____
 Issued by (Payment Services): _____ Signature _____ Date _____
PRINT
 Received By (Department): _____ Signature _____ Date _____
PRINT

If cards are shipped through campus mail - upon **immediate** receipt of cards, please sign above and submit this completed form to: PaymentServicesElp@ttuhsc.edu