

# Texas Tech University Health Sciences Center

## Swift Card Program

### User Set Up and Card Request Form

R11371445

Please complete sections highlighted in yellow below - submit completed form to: [swiftcard@ttuhsc.edu](mailto:swiftcard@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 to recruit: \_\_\_\_\_ Total \$ Amount : \_\_\_\_\_

Begin Date (MM/DD/YYYY) \_\_\_\_\_ End Date (MM/DD/YYYY) \_\_\_\_\_

\$ Amount for each card (if multiple amounts, please list): \_\_\_\_\_ # of card requesting: \_\_\_\_\_  
i.e., 25, 35, 50

#### 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 the valid information of the participant for each card issued.

#### Funding Information

	FUND	ORGN	PROG
FOP to Charge for Cards disbursed			
Backup FOP (local funds only)			

Note: If cards expire without being disbursed, the \$2.00 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 email this completed form to: [swiftcard@ttuhsc.edu](mailto:swiftcard@ttuhsc.edu)