



SWIFT CARD USER SETUP AND REQUEST FORM

R11371445

Please complete sections highlighted in yellow below - submit completed form to: 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