

This form is for use by departments wishing to either add funds to an existing Carnegie Mellon Card held by a student, staff member or faculty member, or to request a Departmental PlaidCa\$h card to be used for printing/copying on campus. *Please note that if you add funds with this form, the funds may only be used for printing/copying. (This should not be confused with Printing & Publications or departmental printing.)*

Carnegie Mellon Card Office
 Lower Level, Warner Hall
 5000 Forbes Avenue
 Pittsburgh, PA 15213-3890
 Phone (412) 268-5224
 Fax (412) 268-5310
 E-mail idplus@andrew.cmu.edu
 URL <http://www.cmu.edu/idplus>

- All departments should complete Section A: Payment Information.
- Departments requesting the addition of funds to an existing card should complete Section B: Assign Print/Copy Funds. **If you are adding funds to an existing PlaidCa\$h Card or a Carnegie Mellon Card, DO NOT send the card with this form.**
- Departments requesting the production of a separate PlaidCa\$h Card should complete Section C: Departmental PlaidCa\$h Card Request

Section A: Payment Information

Charge GL

Charge GM

Authorizing Name _____ Phone Number _____

Authorizing Signature _____ Date _____

Section B: Assign Print/Copy Funds

This section of the form should be used by department staff or faculty requesting the addition of PlaidCa\$h funds used for printing/copying on campus to an existing ID card. These funds are non-transferable. If you need to share funds for a department or project, please complete the bottom portion of the form. **DO NOT send the card with this form.**

Card Number _____ Cardholder Name _____

Amount to Assign \$ _____

Section C: Departmental PlaidCa\$h Card Request

This section of the form should be used by department staff/faculty to request a PlaidCa\$h Card to be used exclusively for printing/copying services on campus by a department or group.

Card Value	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Quantity										

If you send someone other than the person who authorized the purchase to pick up this card, and you have not listed their name below, a note with the signature of the person signing the authorization (section A) must be brought to the office when picking up. We will check ID at the time of pickup.

Who Will Pick Up the Card(s)? _____

Pick Up Signature _____ Date _____

RETURN THIS FORM TO THE CARD OFFICE UPON COMPLETION

Card Office Use Only

Section B Information

Card Number _____
 Funds Assigned _____
 Initials/Date _____

Section C Information

Pick Up _____
 Note/ID Check _____
 Initials/Date _____

JE Sent to _____
 Initials/Date _____