

UC ANR CREDIT CARD MACHINE REQUEST FORM

REQUESTOR & SHIPPING INFORMATION

First and Last Name	Title and Unit	Email	Phone	Shipping Address of Responsible Person (Address, City, Zip)

REQUEST DETAILS

# Requested	How long would you like to have the machine? (mm/dd/yy – mm/dd/yy)	Date(s) of Event(s) (mm/dd/yy – mm/dd/yy)	Business Purpose for Request	Event Location	Responsible Person	Account

Which ANR Staff will handle the machine(s)? Name and email		Which volunteer(s) will handle the machine(s) and which ANR Staff will supervise? Name and email of <i>both</i> volunteer and ANR Staff member supervising the volunteer			
If more than 3 staff or volunteers will operate the credit card machine(s), please provide an additional attachment listing everyone's name and email.					
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email

BUSINESS OPERATIONS CENTER

SECURITY TRAINING

Must upload certificates of completion from required PCI trainings to [this Box folder](#). This applies to each individual who will handle the machine(s).

ANR Staff security trainings completed:				Volunteer security trainings completed:			
Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Date completed (dd/mm/yy)				Date completed (dd/mm/yy)			
Uploaded to Box?				Uploaded to Box?			
Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Date completed (dd/mm/yy)				Date completed (dd/mm/yy)			
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Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Date completed (dd/mm/yy)				Date completed (dd/mm/yy)			
Uploaded to Box?				Uploaded to Box?			

Date

Financial Account Manager Name

Requestor Signature

Financial Account Manager Signature