

Eagle Dollars Departmental Charge Application Form

Application Date: _____

Department: _____

Department Contact: _____

Contact Email Address: _____

Department Address: _____

Department Phone: _____

Budget Fund Center: _____

Check Attached: _____

Initial amount to be placed on card: _____

Name of Department Chair/Budget Coordinator: _____

Signature of Department Chair/Budget Coordinator: _____

Important Notes:

- * Please allow 24 hours for money to be applied to account
- * We are not responsible for lost funds due to lost or misplaced ID card
- * We are not responsible for misuse of funds
- * Department contact person will receive an email or letter confirming the charge back transactions
- * Initial start amount is \$25
- * Contact ID Office with any questions at 393-1806

***Return completed form to the ID Office, 236 Egbert Hall, Clarion University or
fax to ext. 1860***