

INSTRUCTIONS TO COMPLETE THE REQUEST FOR TEMPORARY PMU WHITE  
A/R CHARGE CARD FORM FOR STUDENT ORGANIZATIONS

- 1) Fill in the name of the event or group
- 2) Fill in the date(s) of the event. If it is one day, please write the same date in both the “From” and “To” sections. If the event is more than one day please write the appropriate days in the “From” and “To” sections. **\*\*\*Please note that we require at least one week from the activation date to process a card. If we are not allowed at least one week from the activation date of the card, we may not be able to process the card. In this case, the PMU food units do accept other forms of payment such as: cash, check, and credit cards.\*\*\***
- 3) Please fill in the dollar limitations for breakfast, lunch, and supper. If there are no limitations please put “no limit” next to the appropriate meal. If you do not need the card for a particular meal, then leave that line blank. **It is the responsibility of the individual requesting the Temporary PMU White A/R Charge Card** to ensure that the food unit is open for the event as some unit’s business hours may vary. PMU retail unit hours can be seen at <http://www.union.purdue.edu/HTML/DiningServices/> by clicking on the appropriate restaurant.
- 4) Circle the location(s) where you would like to use the card. Please include an estimate of how many individuals will be at the event. This helps the PMU to have our cashiers staffed appropriately.
- 5) Cards will automatically be delivered to the retail locations specified in section (4). If other arrangements need to be made for delivery of cards, please contact PMU Business Office.
- 6) Circle “Badge” or “Ticket” if your group will be handing out identification for the individuals attending the event. If so, please send a copy of an original badge or ticket with the request form for the A/R Card. Circle “Verbal” if you will not be using a form of identification. We do not recommend this method as anyone can claim to be part of the event.
- 7) Please fill in the student organization’s official name. Please do not abbreviate.
- 8) If you know your PMU Accounts Receivable Number, please fill it in. Otherwise write your BOSO number here.
- 9) Fill in the contact name and a phone number where you can be reached. The person requesting the form must sign along with the **President and Treasurer** or **Advisor** of the Student Organization. The person requesting the card must obtain a signature from **BOSO**. (Please note that you may have other forms to fill out from BOSO.)
- 10) Additional information regarding the completion of this form may be obtained by calling 4-8964 or you may email [pmubill@purdue.edu](mailto:pmubill@purdue.edu).

**STUDENT ORGANIZATION REQUEST FOR TEMPORARY PMU WHITE A/R CHARGE CARD**

Please complete all sections. If you have any questions, please call 4-8964.

1) Name of Event or Group: \_\_\_\_\_

2) Card Activation Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

***The PMU Business Office needs to receive this form at least one week in advance of activation date.***

3) Fill in limitation amounts per transaction swipe.

Breakfast 6:00 am to 10:30 am \_\_\_\_\_

Lunch 10:30 am to 3:00 pm \_\_\_\_\_

Supper 3:00 pm to 1:00 am \_\_\_\_\_

4) **Mark locations where card may be used and provide estimated numbers of customers per unit:**

**PMU Locations**

All PMU Food Units \_\_\_\_\_

Flatbreads _____	Oasis _____	Urban Market _____	Bowling and Billiards Center _____
Freshens _____	Pappy's _____	Villa _____	Rack & Roll _____
LaSalsa _____	Sagamore _____		
Lemongrass _____	Starbucks _____		

**Satellite Locations**

All Satellite Locations \_\_\_\_\_

Amelia's _____	Continuum _____	Undergrounds _____	
Beans _____	Fuel _____	Venture _____	
Bistro _____	Port _____		
Catalyst _____	Stewart _____		

5) Cards will be delivered to the retail locations specified above. Contact the PMU BO if other delivery arrangements are needed.

6) Circle the method of identification for cards held at retail location.

Badge                      Ticket                      Verbal

7) Student Organization's Name: \_\_\_\_\_

8) PMU Accounts Receivable Number: \_\_\_\_\_

*The charges from use of the card(s) will be billed to the PMU Accounts Receivable Number listed above.*

10) Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Person Requesting Card: \_\_\_\_\_

Signature of **President and Treasurer** or **Advisor**: \_\_\_\_\_

Signature of BOSO: \_\_\_\_\_

**Return completed form to PMU Room 216 or email to pmubill@purdue.edu.**

**PMU BO USE ONLY:**

Signature of PMU BO: _____	# of Cards Made _____	Exempted? Yes or No _____
_____	Card # Assigned _____	Virtual Room Assigned _____
_____	Comments/Notes _____	Date Deleted _____