



PREPAID CARD PROGRAM – USER REQUEST

AS775

Request Date _____

Department			
Contact			
Phone		E-mail	

USER INFORMATION			
Employee			
LSU ID		Workday ID	
Phone		E-mail	
Room/Building		City/State/Zip	Baton Rouge, LA 70803

ROLE REQUESTED	
<input type="checkbox"/> Organization Admin	<ul style="list-style-type: none"> • Order cards • Approve fund requests • Sweep funds • Charge replacement card fees • Initiate fund requests • Add/edit rosters • View reports
<input type="checkbox"/> Dashboard User	<ul style="list-style-type: none"> • Initiate fund requests • Add/edit rosters • View reports
<input type="checkbox"/> Accounts Payable & Travel	<ul style="list-style-type: none"> • View reports

APPROVALS			
	Signature	Printed Name	Date
Program Administrator			
Dean/Director or Dept Head/Chair			
Accounts Payable/ Accounting Services			