

R-Card Terminal Usage Request Form

- Submit no later than 7 business days prior to the event -

R-Card Office, 1000 Holt Avenue -2714, Winter Park, FL 32789-4499

Phone: (407) 646-1564 · Fax: (407) 646-2274 · Email: rcard@rollins.edu · Website: www.rollins.edu/rcard

State the number of wireless readers (max=2) or buttons for the CCC Mini-Wedge you are requesting below:

_____ Wireless (Sequoia SPT 1846 w/ MSR 3000) _____ Cornell Campus Center Mini-Wedge

If wireless, please state the location of where the reader will be used: _____

Event Name: _____ Organization or Department Name: _____

Contact Person: _____ Phone: _____ Email: _____

Use Start Date: _____ Event Date: _____ End/Return Date: _____

Please note that the item you sell may be taxable. If the item is deemed taxable, choose the option you want below:

_____ Add Tax to the Price Listed Below _____ Include Tax in Price Listed Below

Item 1: _____ Price of Item 1: _____ Taxable? Y / N

Item 2: _____ Price of Item 2: _____ Taxable? Y / N

Item 3: _____ Price of Item 3: _____ Taxable? Y / N

Price of Donation: _____ What does donor receive in return for donation? _____

Budget Number Receiving Credit Proceeds: _____ - _____ - _____
(FUND) (ORG) (ACCT)

(Note: If FUND is 110000, ACCT must be a valid 50000 series number)

Usage Agreement

I, _____, agree that I, the organization I belong to, and the department I am affiliated with, is financially responsible for all equipment that is signed out to me, including the Sequoia Wireless R-Card Terminal, its components (printer, network equipment, chargers, readers, attachments, etc.), carrying case, and any other item checked out for the event. If any equipment is lost, stolen, or damaged, I, the organization and the department will be financially responsible for the repair or replacement of the equipment. If a problem occurs with the equipment, I understand it is my responsibility to contact the R-Card Office immediately. If any equipment is lost or stolen, I understand it is my responsibility to contact the R-Card Office immediately, or campus security to file a report after hours. I also understand I am liable for any unauthorized use of the equipment while in possession.

Signature of User: _____ Date: _____

Budget Manager Approval Required

Received by: _____ Date Received: _____

Approved by: _____ Approval Date: _____

R-Card Office Use Only

Initials of person in R-Card Receiving Form: _____ Date Received: _____ Location #: _____

Product Numbers: Item 1: _____ Item 2: _____ Item 3: _____ Donation: _____

Approval Date: _____ Approved By: _____ Date of Request Completion: _____