

**UNIVERSITY OF FLORIDA  
TREASURY MANAGEMENT – PAYMENT CARD OPERATIONS  
CREDIT CARD TERMINAL LOANER PROGRAM APPLICATION**

<b>Requesting Department Name:</b>	
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**Contact Information:**

<b>Contact Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

**Loaner Period:**

<b>Event Name:</b>		<b>Event Date(s):</b>	
<b>Loaner Period Begins:</b>		<b>Loaner Period Ends:</b>	

**Loaner Terminal will be connected as follows (please mark your connection of choice):**

	Ethernet
	Bluetooth
	USB

**Transactions will be processed as follows (please mark your methods of choice)**

	Face to Face
	Mail Order
	Telephone

**Please list the types of products or services you will be selling by means of payment card processing:**

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**Please describe your potential customers:**

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Estimated Number of Transactions:		Revenue \$	
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Will cardholder information be written down or stored?		Yes		No
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If Yes, how and for how long will card data be stored and how/when will it be destroyed?	
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**What type of employee will process payment card transactions?**

	Permanent		Temporary		OPS		Student		N/A
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**All funds must be deposited into a University of Florida account. The following chart field string for revenue as well as processing and other fees applies:**

Dept ID	Fund	Program	Account	Source	Flex	Project

**Certifications (please initial):**

I will ensure that all individuals handling the credit card terminals are current on their Payment Card Security Awareness Training (TRM125).	
Credit card information is very sensitive. I will ensure that it is safeguarded in accordance with university policy. I will secure the credit card equipment in a locked area when not in use.	
I understand that I must contact Payment Card Operations immediately if a terminal is stolen or if I suspect that there may have been a data loss or security breach.	
I understand that my department is responsible for all fees associated with credit and debit card processing, as well as any chargebacks resulting from the use of the terminal. In the event of a loss, theft, or damage, my department may be held responsible for the cost of repairs or replacement.	
I understand that my department is responsible for the daily settlement of the credit card terminal, and for recording the revenue in myUFL. I understand that refunds requested by customers after the terminal is settled need to be processed by Treasury Management. Voids may be executed on the spot, while the customer/cardholder is present.	

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**I confirm that I have read and familiarized myself with (please initial):**

University of Florida Credit Card Operations: <a href="http://www.fa.ufl.edu/directive-categories/credit-card-operations/">http://www.fa.ufl.edu/directive-categories/credit-card-operations/</a>	
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**Signature Section:**

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Signature of Department Head or Director

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Date

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Printed name of Department Head or Director

**Please complete this form and submit to:**

Treasury Management, Payment Card Operations  
PO Box 112008, S113 Criser Hall

**For questions please contact:**

Email: [Treasury-CreditCards@ad.ufl.edu](mailto:Treasury-CreditCards@ad.ufl.edu)

Phone: (352) 392-9057

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For Official Use Only:

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University Controller's Office

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Date

- Approved  
 Not Approved