



# Credit Card Reader Request Form

Please complete this form if you need to schedule the use of the Foundation's Credit Card Terminal. Submitted forms will be reviewed for approval. All required fields are outlined in red. Send your questions to [CCReaderRequest@cufund.org](mailto:CCReaderRequest@cufund.org).

Requestor Name \_\_\_\_\_

Requestor Job Title \_\_\_\_\_

Requestor Department \_\_\_\_\_

Requestor Email \_\_\_\_\_

Requestor Phone \_\_\_\_\_

Campus Location \_\_\_\_\_

Request Date \_\_\_\_\_

\* Date Needed \_\_\_\_\_

CVENT?      Yes                  No

Event Name \_\_\_\_\_

Event Web Site \_\_\_\_\_

User Completed PCI Training?      Yes                  No

Special Instructions

\*- CC Reader return date must be no more than one week after the need date. If more time is required, please contact Patty Leslie (Foundation CFO) to approve an extension.

**PLEASE CLICK HERE TO SUBMIT THE FORM-**

Please ensure that your Outlook client is open before submitting this form. The Submit will not work if Outlook is not open.



University of Colorado  
Foundation