

**Eagle Dollars Departmental
Charge Application Form**

Application Date: _____

Department: _____

Department Contact: _____

Contact E-Mail Address: _____

Department Address: _____

Department Phone: _____

Budget Cost Center: _____

Check Attached: ____

Initial amount to be placed on card: _____

Name of Department Chair/Budget Coordinator: _____

Signature of Department Chair/Budget Coordinator: _____

Important Notes:

- Please allow 24 hours for money to be applied to account.
- We are not responsible for lost funds due to a lost or misplaced ID card.
- We are not responsible for misuse of funds.
- Department contact person will receive an email or letter confirming the chargeback transactions.
- Initial start amount is \$25.00.
- Contact ID Office with any questions at 393-1806.

***Return completed form to the ID Office, 236 Egbert Hall,
Clarion University or fax to ext. 1860.***