



Declining Balance Card Request

Please print legibly

Date Requested _____

Date Card Required _____

Department _____

Phone Number _____

Cardholder's First Name _____

Last Name _____

Dollar Amount Requested \$ _____

SMC ID No. _____

GL Code:

Reason for request: (please give specific travel dates or details of business need). Include how long the funds are needed, i.e. when funds should expire.

Authorized Signatures: Manager must be authorized signer for GL above

Cardholder's Signature

Print Name

Date

Manager's Signature

Print Name

Date

Additional Signature
(as required for GL or Dollar Amount)

Print Name

Date

To be completed by Business Office:

Date received _____

Approved Declined Request No _____

Reviewed by _____

Card Ordered _____ Card Received _____