

## **Departmental WatCard Request**

Please complete this form and email to <u>watcard@uwaterloo.ca</u> or send in on campus mail to WatCard Office, SLC.

Requestor's Information:			
Faculty/Departmo	ent Name (will appear on card)		
Primary User/Cor	ntact		
Contact Email		Extension	
Requestor's Signature		 Date	
Financial Infor	mation:		
Departmental/Fa	culty Financial Officer Name		
Financial Officer Email		Extension	
Account numbe	er:		
Unit4 Account.	Unit4 Work Order	Unit4 Activity	
\$ Monthly Credit Li	mit		
Financial Officer /	/ Authorized Signature	 Date	
Is this is an upda	ate to an existing Departmenta	al WatCard?Yes	_ No
If you WatCard	#•		