



Departmental MaineCard Contract

Expires end of business on June 30, 2021

MaineCard Service Center

Memorial Union, Room 130, Orono, ME 04469
207.581.CARD (2273) | um.mainecard@maine.edu
umaine.edu/mainecard

*Email completed form to Budget and Business Services,
umbudget@maine.edu*

Department Name: _____ Contact Name: _____

Department Address: _____ Contact Phone: _____

Account Number:	_____ - _____ - _____												
(Chartfield Combination)	<table border="0"> <tr> <td>Business Unit</td> <td>Department ID</td> <td>Account</td> <td>Class</td> </tr> <tr> <td>_____ - _____</td> <td>_____ - _____</td> <td>_____ - _____</td> <td>_____ - _____</td> </tr> <tr> <td>Fund</td> <td>Program Code</td> <td>Project</td> <td></td> </tr> </table>	Business Unit	Department ID	Account	Class	_____ - _____	_____ - _____	_____ - _____	_____ - _____	Fund	Program Code	Project	
Business Unit	Department ID	Account	Class										
_____ - _____	_____ - _____	_____ - _____	_____ - _____										
Fund	Program Code	Project											

Purpose: _____

Date of request: _____

Amount to be deposited: _____

If different from original account number, please specify account number for year-end refund	_____ - _____ - _____												
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_____ - _____	_____ - _____	_____ - _____	_____ - _____										
Fund	Program Code	Project											

MaineCard ISO # (if available): 6391 49 _____

Contact e-mail address (required): _____

I hereby acknowledge that I have read and agree to the "Departmental MaineCard Contract Terms and Conditions" and do hereby agree that if assigned a Departmental MaineCard Account I will abide by and be legally bound to the terms and conditions. I acknowledge that the above information is correct to the best of my knowledge.

Administrator's Printed Name

Administrator's Signature

Department of Financial Services Approval

Date

MAINECARD OFFICE USE ONLY	
Amount deposited: _____	Beginning balance: _____
Date received: _____	Ending balance: _____
Processed by: _____	Number of cards issued: _____