



Departmental MaineCard Contract

Expires end of business on June 30, _____

MaineCard Service Center
DTAV Community Ctr., Orono, ME 04469
207.581.CARD (2273)
um.maineCARD@maine.edu
umaine.edu/maineCARD

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

Department Name: _____ Contact Name: _____

Department Address: _____ Contact Phone: _____

Account Number: _____ - _____ - _____
 (Chartfield Combination) 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 | _____ - _____ - _____ |
| | Business Unit Department ID Account Class |
| | _____ - _____ - _____ |
| | 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 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. (Terms: umaine.edu/maineCARD/manage-maineCARD/#terms)

 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: _____ |