

REQUEST DETAILS

First and Last Name	Title and Unit/County	Email	Phone	Shipping Address of Responsible Person (Address, City, Zip)

If the Responsible Person and list of Volunteers will be the exact same for more than one event during the same quarter, feel free to use the same form. If this will change, please fill out a separate form per event.

# of Machines Requested	How long would you like to have the machine(s)? (mm/dd/yy – mm/dd/yy)	Date(s) of Event(s) (mm/dd/yy – mm/dd/yy)	Business Purpose for Request	Event Location	Responsible Person

Common Chart of Accounts (CCOA)

We'll use this account for shipping, income, and daily fees. If you'd like to use different accounts for these items, please indicate this below.

GL/PPM	Entity (ANR: 3310)	Fund (e.g. 20700)	Financial Dept. (e.g. 9931111)	Purpose (e.g. 62)	Program	Project	Activity	Task
	3310							
	3310							

Tips: "Activity" only relevant to General Ledger (GL); "Task" only relevant to Project Portfolio Management (PPM); "Purpose" can apply to either.

Staff and Volunteer Information

Which ANR Staff will handle the machine(s)?		Which Volunteer(s) will handle the machine(s) and which ANR Staff will supervise?			
If more than 3 staff or volunteers will operate the credit card machine(s), please provide an additional attachment listing everyone's name and email.					
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email
Name	Email	Volunteer Name	Volunteer Email	ANR Supervisor Name	Supervisor Email

BUSINESS OPERATIONS CENTER

SECURITY COMPLIANCE TRAININGS

Email certificates of completion from required LMS trainings to bocsupport@ucanr.edu. This applies to each individual who will handle the machine(s).

ANR Staff - LMS security trainings completed:				Volunteer security trainings completed:			
Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	First and Last Name			Name	First and Last Name		
	Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals		Credit Card Handling	Cash Handling	UC Cyber Security Awareness Fundamentals
Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emailed certificates to bocsupport@ucanr.edu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Requester (Name)

(Signature)

Date

Financial Account Manager (Name)

(Signature)

Date