The University of Southern Mississippi
Student Card Acceptance Form

I hereby agree to comply with the terms and conditions of this Procurement and Contract Services Student Card Acceptance form as outlined in the Student I.D. Card Policy and Procedures at http://www.usm.edu/procurement/contract_home.html

I hereby agree to use my best effort to minimize exposure from lost, stolen, or otherwise compromised cards. I accept the benefit(s) given to me by signing this Acceptance Form. I understand that the University WILL report this benefit to the IRS if a "student worker" or through Financial Aid if a "scholarship":

Requirements and Responsibilities:

- Must be a current student of USM in good academic standing
- Department must indicate whether benefit is result of student employment or scholarship
- Assure that the budget authority has signed and all documentation is completed

I hereby understand that the University may terminate my right to use these funds at any time and for any reason. I hereby agree to return these funds to Eagle Dining or my department supervisor immediately upon request from the University, when transferring out of my department, upon termination of employment, or academic suspension.

Department Information

Department Name _____

Box Number _____
Phone Number _____
Email Address _____
Budget String _____
Purpose _____

Date Requested _____
Date Needed _____

Please check one
(1) Student Worker _____
(2) Scholarship _____
(3) Working Condition Fringe Benefit _____

Name	ID Number	Dining Dollars per Card	Meals per Card	Date Range	*For Internal Use Only*
					Event# _____

_____ _____
Department Applicant Signature Date Printed Name

_____ _____
Department Head/Administrator Signature Date Printed Name

(1) Student Worker ______
(2) Scholarship ______
(3) Working Condition Fringe Benefit ______

Department Name ____
Budget String ____
Purpose ____

Department Head Signature ____

Date Requested ____________________________
Date Needed ____________________________

For Internal Use Only

Event# ________

Name	**ID Number**	**Dining Dollars per Card**	**Meals per Card**	**Date Range**

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