

Santa Barbara Community College District
Cashier's Office – Student Service Building (Room #SS150)
Mobile Credit Card Terminal Requisition Form



The following are procedures to be used when borrowing a Mobile Credit Card Terminal. The intended use of the Terminal is to accept and process credit card transactions by Departments, College Student Organizations, and Fundraising Coordinators:

1. Complete **Section 1** of this form and email cashiers@sbcc.edu to reserve a Mobile CC Terminal at least 3 days before the event.
2. Pick up device(s) at Cashier's Office (SS150) within 3 days of event.
3. **Section 2** is to be completed at pick up. Signer assumes full responsibility for Terminal use and for the transactions processed. A designated signer (on the Account Signature Card) is required. If the person picking up the device(s) is not a designated signer, please retain one prior to pick up.
4. The batch must be settled prior to returning the device(s).
5. **Section 3** is to be completed upon return. The device(s) are to be returned to the Cashier's Office within 24 hours after the event, or on the first business day following the event, with Batch settlement paperwork, all transaction receipts and a deposit slip.
6. If machine is damaged or not returned, the Account will be charged a replacement fee of \$400.00.

SECTION 1.

Event Name: _____

Event Date: _____

Sponsoring Organization / Club: _____

Requester Name, Email & Phone: _____

Budget Code for Funds Deposit: _____

SECTION 2.

SIGNATURE SIGNIFIES WILLINGNESS TO ABIDE BY THE GUIDELINES LISTED ABOVE:

Requestor's Signature Printed Name, Title Date

Date Contact Phone

Signature Printed Name, Title

Terminal Checklist:

- Return the terminal to the pouch.
- Return the cords to the pouch.
- Add up all the CC receipts; ensure it matches with the Summary Report. Reprint any missing cc slips.
- Settle the CC Batch. The Settlement Report will read: "SETTLEMENT SUCCESSFUL GB ACCEPTED".
- Attach all the CC slips and Batch Settlement Slip to this page.

THIS SECTION IS TO BE COMPLETED UPON RETURN:

SECTION 3.

From: _____

(Print Name of person submitting the Deposit)

Budget Number _____ - _____ - _____ - _____

Description of Deposit _____

BATCH INFORMATION	
Batch Settlement Date	
Number of CC Slips	
Batch Grand Total	\$

Staple CC Settlement slip and CC slip here