Please print or type

**Department Name (as it will appear on the DWC)**

**Main Contact (as it will appear on the DWC) | Phone Number**

<table>
<thead>
<tr>
<th>FOAPAL</th>
<th>Banner Chart of Accounts</th>
<th>Fund</th>
<th>Organization</th>
<th>Program</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of Cards Requested**

****Main Contact**
(this name will appear on the DWC)  
**Department Head**
Or responsible person  
**Business Manager**
(if required)

Signature | Signature | Signature

Printed Name | Printed Name | Printed Name

Date | Date | Date

Funds that begin with a 5xxxxx must have a signature from the Foundation Office and accounts that begin with a 6xxxxx must have a signature from the Office of Research and Sponsored Programs.

Signature | Signature

Grant Start Date:_________ 
Grant End Date:_________

Date:_________ 
Date:_________

Please use a separate form for each FOAPAL (Banner Chart of Accounts) number.

**For office use only:**

<table>
<thead>
<tr>
<th>Customer/Affiliate Number</th>
<th>Card/ISO Number</th>
<th>Blackboard</th>
<th>DataCard (printed)</th>
<th>Received Dept.</th>
<th>1 Card</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Wright 1 Card Department is not responsible for any transactions that occur on a lost or stolen DWC. The individual that signs as the Department Head or Person Responsible is responsible for ensuring proper usage and safe keeping of the DWC. The DWC is for business related purchases only; failure to use the card in accordance with WSU polices and procedures can be considered misappropriation of University funds which is punishable by both disciplinary and criminal action. By signing this request from, you agree to abide by the policies and procedures which regulate the DWC.**