

Request to Increase Copy Card Value

You **can not** submit this form electronically. Fill in each blank, print the form, obtain authorization signatures, and mail or fax (704-687-6828) the form to the Copier Office.
Do not send cards.

Organization: _____

Fund Number: _____ Date: _____

Contact Name: _____ Phone #: _____

List the number off of the front of the card. If you do not have a card or need a new card, enter "New" in the Card Number blank.

Fill in the # of copies you want to add to each card. Copies are \$.07 each. Funds will be deposited into the **copier account** unless you indicate the funds should be deposited into the **print lab** account. These accounts are not interchangeable.

Card Number No. Copies to Add For (Copies or Prints)

Card Number	No. Copies to Add	For (Copies or Prints)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<p style="text-align: center;">Office Use Only</p> <p><input type="checkbox"/> \$ _____ Added to Card</p> <p><input type="checkbox"/> \$ _____ Billed</p> <p>Invoice # _____</p>

Organizational Rep: _____ Date: _____

Divisional Rep: _____ Date: _____

Organizational Advisor: _____ Date: _____

SAFC Business Manager: _____ Date: _____
