TCNJ THE COLLEGE OF NEW JERSEY

Get-It Card Request Form

Get-It Card # (Add'l Funds):					Fiscal Year
		☐ New Card		☐ Additional Funds	

Name: _____ **Email:** _____

Department: _____ **Extension:** _____

Justification (Please provide a detailed description of request):

Debit (From):

Entity	Acct	Fund	Org	Category	Program	Activity	Location	Future	Amount
								TOTAL	$ -

Only use the POETAF columns below if you are adding funds using a Grant

Project	Organization	Expenditure Type	Task	Award	Funding Source	Amount
					TOTAL	$ -

Credit (To):

Entity	Acct	Fund	Org	Category	Program	Activity	Location	Future	Amount
								TOTAL	$ -

Department Approval

_____ _____ _____ _____
Department/Chairperson   **Print Name**   **Extension**   **Date**

_____ _____ _____ _____
Cabinet Member   **Print Name**   **Extension**   **Date**
(for new card requests)

For Office of the Treasurer use only

_____ _____ _____ _____
Treasurer or Designee   **Print Name**   **Extension**   **Date**

After approval by the Treasurer's Office this form will be submitted to the Student Accounts Office, Green Hall Room 119.
When Get-it Card is ready, the Student Accounts office will notify the requestor that the card is ready for pick-up.