BG1 Card Department Authorization Form

Section A: D	epartment Inform	nation			
Department Name:		Department Co	Department Code:		
Dept. Contact Name:		Fund:			
Dept. Contact Email:		Account (if not specified, default is 53900 - Misc Supplies):			
Dept. Contact Phone#:		Program Code (if applicable):			
Select Campus Affiliation	on:				
☐ Faculty/Staff	☐ Visiting Scholar	☐ Consultant	Consultant Other:		
☐ Chartwells	Campus MultiFaith Alliance	Special Appoint			
☐ ELS Student	☐ ELS Staff	☐ Post Doctoral Faculty Fellow			
The follow	e an active employee status before to set up at least one hou ving signature authorizes BG1 Plus to listed in Section B. An invoice for the o	r prior to obtaining a charge your departmen	BG1 Card.	a BG1 Caı	rd for the
Signature of Bud		Printed name	of Budget	Administrator	
Section B: E	mployee/Student	Informatio	n		
mployee/Student Name:		Employee/Stud	ent BGSU ID#:		

Please bring this completed form and one of the following forms of identification (Driver's License, State Issued ID, Passport, or a Military Issued ID) to:

BG1 Plus

112A Bowen Thompson Student Union http://www.bgsu.edu/bg1card Phone: (419) 372-4127 Fax: (419) 372-4364

FOR OFFICE USE ONLY				
Type of ID				
DL	Date Produced:			
SID				
PP				
MID	Employee Initials:			
OTHR				