

NOVACARD MOBILE READER RESERVATION FORM

Organization Name: _____ Contact: _____
 Organization Address: _____ Phone: _____
 _____ Email: _____
 _____ Signature: _____

***by signing you are responsible for returning the equipment in working order or replacing said equipment**

NOVACARD SALES REIMBURSEMENT

Name: _____
 Address: _____

Funds Transfer Account # _____

CAMPUS EVENT INFORMATION

Event Name: _____
 Event Date: _____

Purpose of the Event: _____

Rental Type (circle one) Sales Attendance Only Sales/Attendance

Number of Reader s _____ _____ _____

TERMS & CONDITIONS

1. There is a \$10 per event per reader rental fee. Readers returned after the due date and time will be assessed additional daily rental fees.
2. User accepts responsibility for all damage or loss of NOVACard equipment.
3. All equipment will be reserved on a first come/first serve basis.
4. Reservations must be made three (3) business days prior to the event.
5. Equipment must be returned to the campus card office within 24 hours or 10:00 a.m. Monday if the event falls on a Friday or Weekend.
6. Reimbursements will be made at the end of the business month following equipment rental unless you request earlier reimbursement at time of rental.

Reader Number:		Total Sales:	Processed by:
SV&C or Event		Rental Fees:	Print Name:
Reader Setup By:		AMT. Reimbursement Processed:	Signature: