

Ute Mountain Ute Tribe  
Credit Card Issuance

Census #: \_\_\_\_\_

Name of Member \_\_\_\_\_ Phone \_\_\_\_\_

I realize that I am receiving this credit card to use only for necessary COVID-19 related expenses for food, ppe, cleaning supplies, household essentials and other necessary and reasonable expenses due to Covid-19 that are not covered by the programs or insurance.

I am aware that I am responsible any improper us of this card. I will maintain copies of all receipts and submit them to finance for inclusion in my file for this emergency assistance. Funds not spent by 9.30.22 will be forfeited.

I understand that I am responsible for lost or stolen cards and or charges made if lost. Lost cards will have a replacement cost and may take a week to replace once notified of the loss

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff application intake by:

\_\_\_\_\_

\*\*\*Notice-----Office Use Only\*\*\*

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Replacement Card Request: Date: \_\_\_\_\_

Name \_\_\_\_\_

Census# \_\_\_\_\_

Last four #'s of new card: \_\_\_\_\_

Mail \_\_\_\_\_ Will Pick-up \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_