



University of Nevada, Reno

Credit Card Authorization

Student Name: _____

Student ID: _____

Amount: _____

Credit Card Number: _____

Exp Date: _____ CVC # _____ Card Type: Visa / Mastercard / AmEx / Discover

Card Holder Required Information

Name on Card: _____

Credit Card Billing Address: _____

State: _____ Zip: _____

☐ Check if International Card

I authorize payment for the amount listed to be charge to my credit card.

Signed: _____ Date: _____

In Payment of (description): _____

UNR USE ONLY : Cashier's Office – please post in:

PEOPLESOFT
WORKDAY

_____ \$75 app fee (UNR32-CC2308-FD201-FN10-PG08488-4008-RC0007)

_____ \$20 conditional app fee (UNR08-CC0328-FD121-FNA7-PG09121-4008-C0007)

_____ \$75 Undergrad app fee (UNR22-CC2148-FD201-FN50-PG02148-4008-RC0007)

_____ \$75 Speak test (UNR32-CC2308-FD201-FN10-PG08488-4300-RC0159)

_____ other _____

Cashier's Office
University of Nevada, Reno/124
Reno, Nevada 89557-0124
(775) 784-6915 office
(775) 327-2296 fax