



Purchasing Card Application

Fill out online Print Sign Mail to Mail Stop 188

Cardholder's Name exactly as it should appear on the credit card: *(Your UV ID will act as your Social Security Number with the bank, use that whenever the bank asks for Social Security Number information.)*

First Name: _____ Last Name: _____
E-mail: _____ Phone #/Extension: _____
Fax: _____ UV ID #: _____
Department: _____ Mail Stop: _____

Default Index: Every card is assigned a default index. Any charges that are not reallocated during the month will automatically be charged to this number.

Default Banner Index: _____

Reporting Line: List your reporting line starting with your immediate supervisor going up to the appropriate Vice President.

NAME	TITLE

Signatures: The undersigned individuals agree to comply with all policies and procedures governing the use of the purchasing card. Also, the Department Head has reviewed and approves the information submitted for accuracy and appropriateness. *If a signer fits into more than one of the categories below, please print their name on the applicable line, but only sign once.*

Cardholder

Signature: _____
Type/Print Name: _____
Today's Date: _____

Department Chair/Director

Signature: _____
Type/Print Name: _____
Today's Date: _____

Responsible Party on Default Index

Signature: _____
Type/Print Name: _____
Today's Date: _____

Training: All cardholders must obtain training when the card arrives. Cardholder training is done in person on the 1st and 3rd Tuesdays of the month or by individual appointment. Training begins at 3:00 p.m. and lasts approximately 45-60 minutes.