

SEWANEE

The University of the South

Request Date: _____

Request for Purchasing Card

Budget Number: _____ **Department:** _____

First Name Middle Initial Last Name

Banner ID _____ **Social Security** _____

Birth Date _____ **Cell Phone Number** _____

Email address _____

**By signing below, both the supervisor and requestor agree to the terms noted below.
Failure to adhere to these terms will result in withdrawal of this card.**

Eligibility: ☐ Division Manager ☐ Budget Manager with at least 10 transactions annually.
(required) ☐ Staff that travel at least 10 times annually.

Requested by: _____

Approved by: _____

Please Note:

It is the responsibility of both the department head or supervisor and the requestor:

1. To ensure that the card is used for University business only,
2. To notify Accounts Payable of terminating card holders and to promptly return the card,
3. To approve the monthly expenses and see that all receipts are attached to the bill,
4. To see that travel and business expenses comply with IRS requirements by ensuring that time, place, and business purpose of the expense are noted on the credit card statement or receipt,
5. To promptly submit the approved bill, with both the approval of the requestor and his/her supervisor, to Accounts Payable.

Please allow two to three weeks for delivery of card.
Send completed form to Accounts Payable office.