

Purchasing Card Application/ Approval Form

Applicant's Name:		· · · · · · · · · · · · · · · · · · ·
Department Name:	Bldg. Room#	
Department Mailing Address:		
Phone Number:	E-mail:	-
Campus Wide Identification Num	nber (CWID #):	
Default Chartfield # to be charged	l:	
Reason for the card (required)		
Monthly \$ Limit Request (\$1,000 M	//aximum): Single purch	nase Limit Request:
Award Period (For Grants and con	ntracts projects number)	
Max. Transactions Per Month:	Max. Transactions Per Day:	
Department contact for Audit/Reco	onciliation:	
Name	PhoneE-mail	
	Applicant Signature ted above, for issuance of an UAS Purnents will be done, as required, and all	chasing Card. I assure that the
understand that the improper use	of this card by this individual may resul	It in revocation of the card.
Department Head/Supervisor Name (Print/ Required Department Head/Supervisor's C	/Type) Department Head or Supervisor Sigr Campus Wide Identification Number (CWID) # for	
Division Head or Designee (Print/Type)	Division Head or Designee Signature	Date
Approved:		
ŪAS Executive Director		
UAS Office Administrator	By	