# UVM Purchasing Card Application

Cardholder Name (first line on card):

UVM Employee ID Number:

Cardholder Title:

Department Name:

Budget Name (second line on card):

Business Address:

Building, Room #:

Street Address:

City, State, Zip

Phone #:

Cardholder E-Mail:

E-Mail Notice Sent To:

Departmental Contact Person

Contact E-Mail:

Contact #:

Supervisor to Get E-Mail:

E-Mail Address:

Who Will Reallocate?

Purchasing from Amazon? Yes _____ No _____

Business Purpose for Card:

Approximate Monthly Spending:

| Account | OP Unit | Dept | Fund | Source | Function | PC Business Unit | Project | Activity ID | Program | Purpose | Property |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

Cardholder Signature Date

Supervisor Name (print)

Supervisor Signature Date

Dean/Director/Chair Name (print)

Dean/Director/Chair Signature Date

**Return to:**
UVM Disbursement Center
205 Waterman
85 S Prospect Street
Burlington, VT 05405

**E-Mail Questions:**
purcard@uvm.edu

Program Administrator Date

**To be completed by P-Card Team and University Controller**

☐ Multiple Cards Issued (Y/N) ☐ If "Y" how many _____

$ _____ .
Approved Monthly Limit

☐ All available University MCC Codes
☐ Travel MCC Codes only
☐ No Travel MCC Codes
☐ Amazon Purchases

UVM Controller Date

Return to: Disbursement Center
205 Waterman, 85 S. Prospect Street,
Burlington, VT 05405
Telephone 802-656-4192