

# UVM Purchasing Card Application

<b>Cardholder Name (first line on card):</b> Your Name Here	<b>UVM Employee ID Number:</b> Your 7 digit employee ID # found on your paycheck																
<b>Cardholder Title:</b> Your position title (EX: Research Assistant Professor)	<b>Department Name:</b> RSENR																
<b>Budget Name (second line on card):</b> optional																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>Business Address:</b></td> <td>Rubenstein School of Environment &amp; Natural Resources</td> <td style="width: 10%;"><b>Phone #:</b></td> <td>Your phone number</td> </tr> <tr> <td><b>Building, Room #:</b></td> <td>Aiken Center (or Spear St, Rube Lab, Johnson House, etc), Room # ____</td> <td></td> <td></td> </tr> <tr> <td><b>Street Address:</b></td> <td>81 Carrigan Drive (or correct address)</td> <td></td> <td></td> </tr> <tr> <td><b>City, State, Zip</b></td> <td>Burlington, VT 05405</td> <td></td> <td></td> </tr> </table>		<b>Business Address:</b>	Rubenstein School of Environment & Natural Resources	<b>Phone #:</b>	Your phone number	<b>Building, Room #:</b>	Aiken Center (or Spear St, Rube Lab, Johnson House, etc), Room # ____			<b>Street Address:</b>	81 Carrigan Drive (or correct address)			<b>City, State, Zip</b>	Burlington, VT 05405		
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<b>City, State, Zip</b>	Burlington, VT 05405																
<b>Cardholder E-Mail:</b> youremail@uvm.edu	<b>Departmental Contact Person:</b> Sue Heiser <b>Contact E-Mail:</b> rsenrpur@uvm.edu <b>Contact #:</b> 802-656-2592																
<b>E-Mail Notice Sent To:</b> youremail@uvm.edu																	
<b>Supervisor to Get E-Mail:</b> Your supervisor's name & email <b>E-Mail Address:</b>	<b>Who Will Reallocate?</b> Sue Heiser <b>Purchasing from Amazon?</b> Yes _____ No _____																

<b>Business Purpose for Card:</b> Example: Research supplies and travel expenses	<b>Approximate Monthly Spending:</b> Default
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Account	OP Unit	Dept	Fund	Source	Function	PC Business Unit	Project	Activity ID	Program	Purpose	Property
	22	57000	100	100001	201				0000	0011	0000

Wet signature or Adobe authorized signature _____ Cardholder Signature <span style="float: right;">Date</span>	Please obtain your supervisor's signature _____ Supervisor Signature <span style="float: right;">Date</span>
Your supervisor _____ Supervisor Name (print)	Business Service Center will obtain this signature _____ Dean/Director/Chair Signature <span style="float: right;">Date</span>
Rose Feenan _____ Dean/Director/Chair Name (print)	

**Return to:**  
 UVM Disbursement Center  
 23 Mansfield Avenue  
 Burlington, VT 05401

**E-Mail Questions:**  
[purcard@uvm.edu](mailto:purcard@uvm.edu)

\_\_\_\_\_  
 Program Administrator Date

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

<input type="checkbox"/> Multiple Cards Issued (Y/N)	<input type="checkbox"/> If "Y" how many _____		
\$ _____ Approved Monthly Limit	<input type="checkbox"/> All available University MCC Codes <input type="checkbox"/> Travel MCC Codes only <input type="checkbox"/> No Travel MCC Codes <input type="checkbox"/> Amazon Purchases	_____ UVM Controller	_____ Date