UVM Purchasing Card Application

Cardholder Name (first line on card):

Your Name Here

UVM Employee ID Number:

Your 7 digit employee ID # found on your paycheck

Cardholder Title:

Your position title (EX: Teaching assistant, Research Specialist, etc)

Department Name:

RSENR

Budget Name (second line on card):

optional

Business Address: Rubenstein School of Environment & Natural Resources

Building, Room #: Aiken Center (or Spear St, Rube Lab, Johnson House, etc), Room #___

Street Address: 81 Carrigan Drive (or correct address)

City, State, Zip Burlington, VT 05405

Phone #: Your phone number

Cardholder E-Mail: youremail@uvm.edu

E-Mail Notice Sent To: youremail@uvm.edu

Departmental Contact Person Christy Ercole

Contact E-Mail: rsenrpur@uvm.edu

Contact #: 802-656-1414

Supervisor to Get E-Mail:

E-Mail Address: Your supervisor's name & email

Who Will Reallocate? Your Name Here

Purchasing from Amazon? Yes _____ No _____

Business Purpose for Card:

Example: Research supplies and travel expenses

Approximate Monthly Spending:

Default (unless otherwise instructed by your supervisor)

Account	OP Unit	Dept	Fund	Source	Function	PC Business Unit	Project	Activity ID	Program	Purpose	Property
	2 2	5 7 0 0 0	1 0 0	1 0 0 0 0 1	2 0 1				0 0 0 0	0 0 1 1	0 0 0 0

Wet signature or Adobe authorized signature

Cardholder Signature   Date

Your supervisor

Supervisor Name (print)

Rose Feenan

Dean/Director/Chair Name (print)

Please obtain your supervisor's signature

Supervisor Signature   Date

Business Service Center will obtain this signature

Dean/Director/Chair Signature   Date

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

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