UVM Purchasing Card Application

Cardholder Name (first line on card):

UVM Employee ID Number:

Cardholder Title:

Department Name:

o

Budget Name (second line on card):

Business Address: Phone #:

Building, Room #:

Street Address:

City, State, Zip

Cardholder E-Mail: Departmental Contact Person

Contact E-Mail:

E-Mail Notice Sent To: Contact #:

Supervisor to Get E-Mail: Who Will Reallocate?

E-Mail Address: 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: **E-Mail Questions:**
UVM Disbursement Center   purcard@uvm.edu
23 Mansfield Avenue   _____   _____
Burlington, VT 05401   Program Administrator   Date

To be completed by P-Card Team and University Controller

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

☐ All available University MCC Codes
$ _____ **.** ____   ☐ Travel MCC Codes only
Approved Monthly Limit   ☐ No Travel MCC Codes
                                        ☐ Amazon Purchases   _____   _____
                                                                    UVM Controller   Date