

UW-Madison Purchasing Card Program
Department Card Pre-Authorization Form

University of Wisconsin-Madison
Accounting Services
Suite 5301, 21 North Park Street, Madison, WI 53715-1218

***This form must be completed prior to requesting the Department Card from
the Department Card Administrator.***

Name of Purchaser:

Item(s) to be purchased:

Business Purpose:

Funding String (optional):

Supervisor Signature: _____

Date: _____