

DEPARTMENT PURCHASING CARD APPLICATION

APPLICANT INFORMATION				
Applicant's Name:			Employee ID:	
Department Name:				
Department Street Address:				
City:		State:		Zip Code:
Business Phone: (Required)		Other Phone: (Optional)		
E-mail Address:				
DEFAULT FUNDING				
Shared Financial System (SFS) Accounting Code				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account	Fund	Department	Program	Project
Sponsored projects (fund 133/144) are typically unallowable for use as default funding. To see if your project qualifies for a special exception, please contact Research and Sponsored Programs at federalaccounting@rsp.wisc.edu for additional information prior to submitting an application.				
CARD LIMITS				
Cycle Credit Limit (\$):			Single Purchase Limit (\$)	
AGREEMENT				
I understand my responsibility for the protection and proper use of any University of Wisconsin (UW)-Madison purchasing card issued to me, as detailed in UW-Madison Purchasing Card Policy and accompanying procedures and in UW-Madison Travel Policies.				
I understand that the purchasing card is issued pursuant to a Master Agreement between the State of Wisconsin and U.S. Bank, and accordingly, a UW-Madison representative has the authority to access transactions posted to my purchasing card and/or to obtain supporting documentation directly from a vendor.				
I understand that non-adherence to purchasing card policy or procedures may result in revocation of my individual cardholder privileges, revocation of all sponsored department purchasing cards, and/or potential discipline, up to and including dismissal.				
I agree to accept responsibility for the security and proper use of this card as described above.				
Applicant's Signature:				Date:
APPROVALS				
Supervisor's Name:				Date:
Supervisor's Signature:				
Site Manager's Name:				Date:
Site Manager's Signature:				
Divisional Chief Financial Officer's Name:				Date:
Divisional Chief Financial Officer's Signature:				

Please route to pcard@bussvc.wisc.edu or send to: Card Program Office, 21 North Park Street, Suite 5301, Madison, WI 53715

Last Updated: 12/11/2021