

THE UNIVERSITY OF TENNESSEE
Departmental Procurement Card Application

Cardholder Information (please type)
COMPLETE AND FORWARD TO CAMPUS/UNIT COORDINATOR

Name _____	Date _____
Campus Address _____	Personnel Number _____
_____	Telephone Number _____
_____	E-Mail Address _____

UT Cost Center/WBS Responsible for Procurement Card Charges:

_____	_____
<i>Cost Center/WBS Element Name</i>	<i>Cost Center/WBS Element Number</i>

As a cardholder, I agree to follow the policies of The University of Tennessee Departmental Procurement Card Program as stated in University Fiscal Policy 051.

_____	_____
<i>Signature</i>	<i>Date</i>

I confirm that the individual listed above is authorized to receive a University of Tennessee Departmental Procurement Card.

_____	_____	_____
<i>Department Head Signature</i>	<i>Telephone #</i>	<i>Date</i>

APPROVER AND VERIFIER MUST HAVE IRIS USER ID

<u>Approver Information</u>		<u>Verifier Information</u>	
Name: _____	_____	Name: _____	_____
IRIS User ID: _____	_____	IRIS User ID: _____	_____
E-Mail Address: _____	_____	E-Mail Address: _____	_____

CAMPUS/UNIT COORDINATOR

Campus/Unit Coordinator _____	_____	_____
	<i>Signature</i>	<i>Date</i>

Program Administrator

TREASURER'S OFFICE USE ONLY

Default Cost Center/WBS Element:

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SPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Card Number	_____

Issue Date	_____
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Comments _____