



## Purchasing Cardholder Request Form

### Eligibility Requirements:

- Applicant must be a USC Employee
- Approval of Department Head
- Training Session Attendance
- Signature on Cardholder Agreement (upon issuance of card)

In order to process your application, complete ALL fields. Handwritten forms will not be accepted (with the exception of the required signatures). Next, have it signed by the department head and email the signed form to [heidid@usca.edu](mailto:heidid@usca.edu) with subject "Purchasing Cardholder Request Form."

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### SECTION I. CARDHOLDER INFORMATION

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
USC ID \_\_\_\_\_  
PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
DEPT. NAME \_\_\_\_\_  
DEPT. ADDRESS \_\_\_\_\_  
\_\_\_\_\_

As cardholder I will always treat the University of South Carolina Purchasing Card with at least the same level of care as personal credit cards. The card will be maintained in a secure location and the card account number will be carefully guarded. I will be the only person entitled to use the card.

I fully understand the intent of this program and will comply with all guidelines on the Purchasing Card Program as well as University of South Carolina policies and procedures relating to the expenditure of University funds.

CARDHOLDER SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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### SECTION II. DEPARTMENT HEAD APPROVAL

DEFAULT OPERATING UNIT \_\_\_\_\_  
DEFAULT DEPARTMENT ID \_\_\_\_\_  
FUND \_\_\_\_\_  
CLASS \_\_\_\_\_

**\*Note\*** The Project ID field will be assigned when the expense report is created.

I hereby delegate transaction authority to the above cardholder and agree that the department liaison(s) responsible for the associated department will be responsible for reviewing transactions of the cardholder, to ensure the appropriate use and classification for a University expenditure. I further agree that my signature authorizes to charge my departmental default account for all cardholder transactions which have not been processed and approved in a timely manner.

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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### SECTION III. DEPARTMENT LIAISON(S) INFORMATION

LIAISON 1 FULL NAME	LIAISON 2 FULL NAME
_____	_____
USC ID	USC ID
_____	_____