



For Purchasing/AP Office Use:

Card Ordered: _____

Initials: _____

User-name: _____

ONE CARD APPLICATION

EMPLOYEE INFORMATION

Date of Application: _____

Last Name: _____ MI: _____ First: _____

Banner ID#: _____ UC Email: _____

Department: _____ Job Title: _____

Office Phone #: _____ Cell Phone #: _____

Department Budget Organization Code(s): _____

Employee Signature: _____

Card Type (Check One): ☐ Commodities ☐ Commodities & Travel

Monthly Spending Limit (Check One): ☐ \$500 ☐ Other (Include Justification below) \$ _____

APPROVAL INFORMATION

As the employee's supervisor, I acknowledge that I am responsible for ensuring that the employee abides by the One Card Policy. I am responsible for taking the appropriate action in situations involving misuse of the card. I am responsible for notifying the Card Administrator of canceling cards if the cardholder is terminated for any reason, or if the cardholder transfers to another department within the University. I am also responsible for making certain that any reports I receive are checked for accuracy.

Supervisor Name: _____

Supervisor Signature: _____

Vice President Name: _____

Vice President Signature: _____

Comptroller Signature: _____