UNIVERSITY OF South Carolina

Controller's Office
Program Expense Card Request Form

ELIGIBILITY REQUIREMENTS:

- ► All expenses must be approved University program expenses
- ► Applicant must be a full-time USC employee
- ► Training Required prior to card use

Please email completed form to: Cards@mailbox.sc.edu

SECTION I. CARDHOLDER INFORMATION

LEGAL FIRST AND LAST NAME REQUIRED		
LAST NAME		CAMPUS
FIRST NAME		DEPARTMENT NAME
CELL PHONE		DEPARTMENT ADDRESS
OFFICE PHONE		
EMAIL		CARDHOLDER LIAISON(S) - NAME, EMAIL, USER ID & USC ID
USC ID	PEOPLESOFT USER ID	

DESCRIPTION OF INTENDED USE:

SECTION II. CHARTFIELDS

OPERATING UNIT	DEPARTMENT	FUND	CLASS

SECTION III. INTENDED USE OF CARD

UNIVERSITY PROGRAM	RESEARCH INCENTIVES

As cardholder, I will treat the USC Program Expense 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 Program Expense Card as well as USC policies and procedures related to the expenditure of University funds. I will maintain all receipts and records for proper reconciliation of all transactions. I understand if proper documentation is not provided or if funds are used for unauthorized expenses, the Payroll Department can deduct the outstanding balance from future payroll check(s) and the card may be suspended.

☐ **I have read and agree to the Card Programs Policy (FINA 2.70) and Card Programs Procedures (FINA 2.70)**

CARDHOLDER SIGNATURE _____ **DATE** _____

SECTION IV. Please select one spend profile below

	1. **$1K Limit/Month** - $1K Single Transaction Limit
	2. **$2K Limit/Month** - $1K Single Transaction Limit
	3. **$5K Limit/Month** - $3K Single Transaction Limit
	4. **$10K Limit/Month** - $5K Single Transaction Limit **
	5. **$15K Limit/Month** - $5K Single Transaction Limit **

**** Requires justification for higher limit and approval by Controller's Office**

I hereby delegate transaction authority to the above cardholder and agree that the department liaison responsible for the associated department will be responsible for reviewing transactions of the cardholder to ensure the appropriate use and classification for University expenditures.

DEPARTMENT HEAD PRINTED NAME _____

DEPARTMENT HEAD SIGNATURE _____ **DATE** _____

Controller's Office Use Only:

Card Received By: _____ Date Card Received: _____