

## Controller's Office Program Expense Card Request Form

## **ELIGIBILITY REQUIREMENTS:**

SECTION I.

LAST NAME

▶ 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

CARDHOLDER INFORMATION

LEGAL FIRST AND LAST NAME REQUIRED

FIRST NAME				DEPARTMENT		
CELL PHONE				DEPARTMENT ADDRESS		
OFFICE PHONE						
EMAIL				CARDHOLDER	LIAISON(S) - NAME, E	MAIL, USER ID & USC ID
USC ID PEOPLESOFT USER ID				_		
J3C ID		PEOPLESOFIO	JOEK ID			
				•		
DESCRIPTION OF IN	ITENDED USE:					
	1					1
SECTION II.	CHARTFIELDS			1	SECTION III. UNIVERSITY	RESEARCH
OPERATING UNIT	DEPARTMENT	FUND	CLASS		PROGRAM	INCENTIVES
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