

## **PURCHASING CARD APPLICATION**

Submit completed application to pcards@uwlax.edu Call 608-785-8501 with questions about this application.

## **CARDHOLDER INFORMATION**

Legal Name:						
Employee ID: Departm				nt:		
Phone:			Email:		@uwlax.edu	
CHECK ONE:	: <b>NEW</b> Cardholder <b>OR</b>		EXISTING Cardholder			
DEFAULT FUNDIN	G / ACCOUNT					
	Fund Program (3 digits) (1 digit)		DDS)	Description to appear on card face (17 character maximum)	e after UDDS	
*133	and 144 grant funds only: Proj	ect ID:(7 digit	s)	-		
Primary type of purc	chases to be made with th	ne card:	· · · · · · · · · · · · · · · · · · ·			
APPROVALS	(provide account number an	d description)	-			
Superv	isor: Print/Type Name			Title		
MIODM A 4 M	Signature			Date		
WISDM Acct Mana	ger: Print/Type Name	<del> </del>		Title	<del></del>	
	Signature			Date		
PURCHASING	USE ONLY					
		Purchasing Direc	tor's Approval	Signature Date		
Entry Completed-Initial and Date			Inactivat	ion Completed-Initial Date		
Last 4 digits of card issued:			Fiscal Year Inactivated:			