

**THE UNIVERSITY OF TENNESSEE
Departmental Procurement Card Application**

**Cardholder Information (please type)
COMPLETE AND FORWARD TO CAMPUS/UNIT COORDINATOR**

Name	_____	Date	_____
Campus Address	_____	Personnel Number	_____
	_____	Telephone Number	_____
	_____	E-Mail Address	_____

UT Cost Center/WBS Responsible for Procurement Card Charges:

_____	_____
<i>Cost Center/WBS Element Name</i>	<i>Cost Center/WBS Element Number</i>

As a cardholder, I agree to follow the policies of The University of Tennessee Departmental Procurement Card Program as stated in University Fiscal Policy 051.

_____	_____
<i>Signature</i>	<i>Date</i>

I confirm that the individual listed above is authorized to receive a University of Tennessee Departmental Procurement Card.

_____	_____	_____
<i>Department Head Signature</i>	<i>Telephone #</i>	<i>Date</i>

APPROVER AND VERIFIER MUST HAVE IRIS USER ID

<u>Approver Information</u>		<u>Verifier Information</u>	
Name:	_____	Name:	_____
IRIS User ID:	_____	IRIS User ID:	_____
E-Mail Address:	_____	E-Mail Address:	_____

CAMPUS/UNIT COORDINATOR

Campus/Unit Coordinator	_____	_____
	<i>Signature</i>	<i>Date</i>

TREASURER'S OFFICE/BANK USE ONLY

Default Cost Center/WBS Element:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reporting Hierarchy:

Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	The University of Tennessee					
Entity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	SPL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	CL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dept.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	Card Number	_____			
Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	Issue Date	_____			

Program Administrator