

  **CREDIT CARD** **REQUEST FORM**

***\*\*The Credit Card may not be used to pay for copies or printing\*\****

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| **PURCHASER INFORMATION** |
| Student Project/Production | Student Project/Production Contact Person |
| Faculty or Staff Project Advisor |  |
| Contact E-mail | Contact Phone |

|  |
| --- |
| **ACCOUNTING INFO** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| Fund | Org | Dept | Sub-Dept | Grant/Program | Inst Acct | Org Acct | Dept Acct | Fn | Cost Ctr |  |

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| --- |
| **Items to be Purchased (Please include purchase purpose and vendor name where purchased )** |
| Quantity | Item Description/Purpose/Vendor  | Price | Extension |
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|  |  |  |  |
|  | Estimated Total: |  |

**This section to be completed at the time the card is checked out.**

*I agree to abide by all University of Iowa spending restrictions, and understand that I may be held responsible for unauthorized charges.* ***Note: copying and printing are unauthorized charges.*** *I also understand that using a UI credit card is a privilege and therefore use by any individual or organization may be denied at the cardholder's discretion at any time-for any reason.*

Checked out by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: E-mail: Date: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Authorized Org Signature Date | Departmental Approval Date | Special Approval Date |