



UNIVERSITY OF SOUTH ALABAMA

PROCUREMENT CARD APPLICATION

Cardholder Information

Jag Number:

Name: (First, Middle Initial, Last) D.O.B:
Email Address: Campus Phone:
Title Cell Phone Number:
Department Name: Campus Address:

Approving Official Information (Official must have approval granted by their Division Head)

Name: (First, Middle Initial, Last) Jag Number:
Email Address: Campus Phone:
Title:

What will be purchased with the pcard? (Required for Health applications only)

[Empty text box for purchase details]

Card Information

Approval

To be used for: [] Procurement Only [] Travel & Procurement Credit Limit: [] (default \$3,500)
Cardholder Signature: Date:
VP/Dean/Chair/Department Head Signature: Date:

To be completed by PCard & Travel Services

Approved

Disapproved

| | | | |
|--|--|-----------------------|-----------------|
| Approval Date: | | Monthly Credit Limit: | |
| Procurement Card Issuer Name: (Please Print) | | | |
| Procurement Card Issuer Signature: | | Date Received: | Date Processed: |

Reason for Disapproval:

Disapproval Date: _____

Please complete and return to the following:

University of South Alabama
 Procurement Card and Travel Services Office
 Technology and Research Park Building 3
 Suite 1400
 Mobile, Alabama 36688
 251-460-6242
 Email: mgodwin@southalabama.edu