



UNIVERSITY OF IDAHO
PURCHASING CARD
UPDATE REQUEST

Division of Finance
www.uidaho.edu/finance/

TYPE OF REQUEST - Please email form to crtravel@uidaho.edu

SINGLE TRANSACTION LIMIT (PERMANENT or TEMPORARY)

TERMINATION

OTHER

LAST FOUR DIGITS OF ACCOUNT NUMBER

EMPLOYEE INFORMATION PLEASE TYPE THE INFORMATION BELOW

FIRST NAME MI LAST NAME

V _____
EMPLOYEE VANDAL ID NUMBER (required) BUSINESS PHONE EMPLOYEE EMAIL ADDRESS

SINGLE TRANSACTION LIMIT DETAILS

DEPARTMENT NAME

DEFAULT INDEX AND EXPENSE CODE

PLEASE INDICATE CHOSEN FEATURE(S):

\$ 20000.00 \$ _____ .00

MONTHLY CREDIT LIMIT SINGLE TRANSACTION LIMIT

EXPIRATION DATE (IF TEMPORARY)

REASON FOR REQUEST

Employee Applicant understands that this card is to be used for business charges only and agrees to be bound by the U.S. Bank Cardholder Agreement and the State of Idaho for all charges incurred by the use of the card or the related account.

As the cardholder, the employee is responsible to ensure that only proper charges are placed on the purchasing card. As the cardholder, by signing the agreement, the employee acknowledges that any misuse of the card is a violation of University of Idaho policies and that any use of the card for personal purchase is also a violation of State of Idaho law and the employee may be subject to criminal prosecution,

Employee Applicant Signature Date