



**Controller's Office
Business Expense Card Request Form**

Cardholder's Name: _____
 Department Name: _____
 Complete USC Office Mailing Address: _____
 Phone Number: _____
 Requested Amount: _____
 Date range funds are needed: _____ to _____

New Card Request

Card Reload Request: Last 4 digits of card # _____

Intended Use of Card: *(Include IRB approval if purchasing electronic participant gift cards)*

Chartfields:

Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity
			19011				

By signing below, I certify that:

- Business Expense card will be used only for intended purpose as specified on this form.
- The cardholder will maintain all receipts and records for proper reconciliation of all transactions.
- If settlement is not received by the due date or if funds are used for unauthorized expenses, the Payroll Department will deduct the outstanding balance from future payroll check(s).

Cardholder Signature: Date:

PI Signature (USCSP projects only): Date:

Departmental Approval

Printed Name: Phone:
 Signature: Date:

Please email this Request Form to cards@mailbox.sc.edu.

Controller's Office Use Only:

Card Ordered: Funds Loaded:
 Card Received By: Date Received: