University of South Florida

Request for Purchase - Cell Phones/Cell Data/Computer Air Cards

Submitted by: ___________________________ Date: ___________________________

Requesting Department: ___________________________

Project No./Fund No. (Applies only to a Sponsored Project): ___________________________

Dean/Director: ___________________________

Supervisor: ___________________________

Employee: ___________________________

Employee Position: ___________________________

Business Purpose Justification: ___________________________

Requested Exception (include monthly cost of the exception): ___________________________

Procurement Cardholder Name: ___________________________

Chartfield: OPER UNIT | FUND | GL ACCOUNT | DEPT ID | PRODUCT ID | INITIATIVE | PROJECT ID

By signing this agreement I acknowledge that I will use appropriate controls to monitor and safeguard the calling cards.

Cardholder Name and Signature: ___________________________ Date: ___________________________

SPONSORED PROJECTS ONLY

Sponsored Project Approval (Sponsored Projects Only): ___________________________ Date: ___________________________

Research Financial Management Approval: ___________________________ Date: ___________________________

Dean/Director: ___________________________ Date: ___________________________

Print Name of Area VP: ___________________________

Signature of Name of Area VP: ___________________________ Date: ___________________________

Contact for Payment Requests: Phone: ___________________________ Email: ___________________________

Return completed form, with attachments, to: pcard@usf.edu