Controller's Office
Program Expense Card Request Form

ELIGIBILITY REQUIREMENTS:

► All expenses must be approved University program expenses   ► Training Session Attendance
► Applicant must be a USC employee   ► Signature on Cardholder Agreement & Procedures
► Department Head approval   (upon issuance of card)

Please email completed form to: Cards@mailbox.sc.edu

SECTION I.	CARDHOLDER INFORMATION

LEGAL FIRST AND LAST NAME REQUIRED

LAST NAME	CAMPUS
FIRST NAME	DEPARTMENT NAME
CELL PHONE	DEPARTMENT ADDRESS
OFFICE PHONE	
EMAIL	CARDHOLDER LIAISON(S) - NAME & USC ID
USC ID	

DESCRIPTION OF INTENDED USE:

SECTION II.	CHARTFIELDS		
OPERATING UNIT	DEPARTMENT	FUND	CLASS

SECTION III.	INTENDED USE OF CARD
UNIVERSITY PROGRAM	GIFY CARDS & INCENTIVES

As cardholder, I will always treat the USC Program Expense Card with at least the same level of care as personal credit cards. The card will be maintained in a secure location and the card account number will be carefully guarded. I will be the only person entitled to use the card. I fully understand the intent of this program and will comply with all guidelines on the Program Expense Card as well as USC policies and procedures related to the expenditure of University funds. I will maintain all receipts and records for proper reconciliation of all transactions. I understand if proper documentation is not provided or if funds are used for unauthorized expenses, the Payroll Department can deduct the outstanding balance from future payroll check(s) and the card may be suspended.

CARDHOLDER SIGNATURE _____   **DATE** _____

SECTION IV.	Please select one Spend Profile below
	1. $1K Single Transaction Limit - $1K Limit/Month
	2. $1K Single Transaction Limit - $2K Limit/Month
	3. $3K Single Transaction Limit - $5K Limit/Month
	4. $5K Single Transaction Limit - $10K Limit/Month**
	5. $5K Single Transaction Limit - $15K Limit/Month**

** Include justification memo for higher limit to be approved by Controller's Office

I hereby delegate transaction authority to the above cardholder and agree that the department liaison responsible for the associated department will be responsible for reviewing transactions of the cardholder to ensure the appropriate use and classification for University expenditures.

DEPARTMENT HEAD PRINTED NAME _____

DEPARTMENT HEAD SIGNATURE _____   **DATE** _____

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Controller's Office Use Only:

Card Order Date: _____   Spend Profile Assigned: _____

Card Received By: _____   Date Card Received: _____