

Office Use Only	
Pickup Date:	Card Number:

CREDIT CARD REQUEST FORM

****The Credit Card may not be used to pay for copies or printing****

PURCHASER INFORMATION	
Student Organization	Student Organization Contact Person
Contact E-mail	Contact Phone

VENDOR INFORMATION		
Name:	Phone:	Fax:
Address:		

Fund	Org	Dept	Sub-Dept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr
950	49	4690		5 52 00		000		00	0000

Items to be Purchased (Please include Purchase Purpose)			
Quantity	Item Description and Purpose	Price	Extension
Estimated Total:			

This section to be completed at the time the card is checked out.
*I agree to abide by all University of Iowa spending restrictions, and understand that I may be held responsible for unauthorized charges. **Note: copying and printing are unauthorized charges.** I also understand that using a UI credit card is a privilege and therefore use by any individual or organization may be denied at the cardholder's discretion at any time-for any reason.*

Checked out by (print name): _____ Signature: _____
 Phone: _____ E-mail: _____ Date: _____

Authorized Org Signature	Date	Departmental Approval	Date	Special Approval	Date