



**Controller's Office
Team Card Request Form**

In order to process your application, you must complete the entire form. We cannot process your request unless ALL information has been provided. Please email completed form to: **TeamCard@mailbox.sc.edu**

SECTION I. CARDHOLDER INFORMATION		**Legal first and last name required**	
LAST NAME		CAMPUS	
FIRST NAME		DEPARTMENT NAME	
CELL PHONE		DEPARTMENT ADDRESS (provide full and accurate mailing address)	
OFFICE PHONE			
EMAIL		CARDHOLDER LIAISON(S) - NAME, EMAIL, USER ID & EMPLOYEE ID	
EMPLOYEE ID	PEOPLESOFT USER ID		

SECTION II. CHARTFIELDS			
OPERATING UNIT	DEPARTMENT	FUND	CLASS

I have read and agree to the [Card Programs Policy \(FINA2.70\)](#) & [Card Programs Procedures \(FINA 2.70\)](#)

As cardholder, I will treat the USC Team 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 Team Card Program as well as University of South Carolina policies and procedures related to the expenditure of University funds. Violations of the policy & procedures may result in revocation of use of privileges and/or disciplinary action, up to and including termination of employment. Employees who are found to have inappropriately used the Team Card will be required to reimburse the University of South Carolina for all costs associated with such improper use.

CARDHOLDER SIGNATURE _____ **DATE** _____

SECTION III.	Please select one spend limit profile from the dropdown below

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. I understand that final approval of Team Card expense reports is the responsibility of the department head.

DEPARTMENT HEAD PRINTED NAME _____

DEPARTMENT HEAD SIGNATURE _____ **DATE** _____