

UNIVERSITY CREDIT CARD REQUEST FORM

Please complete and sign this form, then email to UFS_AP@admin.cam.ac.uk

Applicant name: (University employees only)		Payroll No:	
Job Title:			
Department Name:		Dept. Code:	
Applicant Email address:		CRSID:	
Please state whether the card is to be used as (tick one option):			
Individual Card (used for spend allowable under the staff expenses policy)	Institution Card (held in the institution and used for online payments such as staff travel, conference bookings and purchases where payment via the usual AP channels is not available - refer to the policy for more details)		
For institution cards, briefly describe types of expenses, especially unusual ones:			
Credit limit required*:	£		

* Should you require a temporary limit increase, please contact Susanna Wilson: Susanna.Wilson@admin.cam.ac.uk

I confirm that I have completed the [Anti Bribery and Corruption](#), and [Modern Slavery Act](#) online training (applicant)

I have read and agree to the [University Credit Card Policy](#). I understand that my failure to comply may result in the card being withdrawn, reimbursement of outstanding expenditure and disciplinary action.

Applicant's Signature (Typed name acceptable):		Date:	
Head of Institution's Name:			
Head of Institution's Signature* (Typed name acceptable):		Date:	

* By approving you agree to accept the responsibility to ensure that receipts are submitted by the cardholder by the 15th of the following month.

See also - [University Credit Card procedures \(Financial Procedures ch.6\)](#), which covers [Non-Pay Expenditure](#)

Finance Division Use Only

Anti Bribery and Corruption and Modern Slavery completed:		Date:	
Credit limit set:			
Application:	Accepted	Refused	Employee status verified
Reason:	Yes	No	
Signature (Typed name acceptable):		Date:	
Job Title:			