

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 E-mail address:			
What will the card be used for? (tick as appropriate)			
<input type="checkbox"/> Air	<input type="checkbox"/> Train	<input type="checkbox"/> Hotels	<input type="checkbox"/> Meals
<input type="checkbox"/> Business Entertaining	<input type="checkbox"/> Other (please provide details below)		
Monthly Expenditure 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 [Modern Slavery Act online training](#) (applicant)

Applicant's Signature:		Date:	
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Head of Department's Name:			
Head of Department's Signature:		Date:	

[University Credit Card terms & conditions](#)

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

Finance Division Use Only

Application:	Accepted / Refused	Employee status verified	Yes / No
Reason:			
Modern Slavery completed		Date:	
Signature:		Date:	
Job Title:		Credit Limit set:	