**About this form**

This form should be used to request a Departmental VISA Purchase Card in accordance with the *Departmental VISA Purchase Card Policy and Procedures.*

* The member of staff requesting a card should complete **Section 1**.
* The Head of Department / School or Director should then complete **Section 2**.
* The member of staff should retain a copy and forward the original, along with a completed [RBS Cardholder Application form](https://www.strath.ac.uk/professionalservices/media/ps/finance/pcards/RBS_Application_Form.pdf) to the **Purchase Card Admin Email, Pcard@strath.ac.uk**

**Section 1: To be completed by member of staff requesting a card**

Staff details:

|  |  |
| --- | --- |
| *Name* |  |
| *Department* |  |
| *Telephone* |  |
| *E-Mail* |  |

Declaration:

* I request a Departmental VISA Purchase Card.
* Purchases made on the card should be charged by default to the following budget:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Cost Centre (e.g. 12345):* |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *Sub Project (e.g. ABC1234-123):* |  |  |  |  |  |  |  | - |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *Activity (e.g. 100):* |  |  |  |  |  |  |  |  |  |  |  |

* I anticipate that my use of the Departmental VISA Purchase Cardwill be as follows:

|  |  |
| --- | --- |
| *Estimated monthly expenditure (£)* |  |
| *Types of transaction* |  |
|  |  |

* I understand and agree that I will be making financial commitments on behalf of the University of Strathclyde.
* I have read and understood the University’s *Expenses Policy* and the *Departmental VISA Purchase Card Policy and Procedures*.
* I understand that if I do not adhere to these policies and procedures, my card may be revoked.
* I understand that deliberate misuse of the card may result in disciplinary action.

|  |  |
| --- | --- |
| *Signature* | **SIGN HERE** |
| *Date* | **DD MM YYYY** |

**Section 2: To be completed by the Head of Department / School or Director**

* I approve this request for the issue of a Departmental VISA Purchase Card to a member of my Department, in accordance with the *Departmental VISA Purchase Card Policy and Procedures.*
* I understand and agree to my responsibilities as Head of Department / School or Director to oversee the ongoing use of the card under the *Departmental VISA Purchase Card Policy and Procedures*.

|  |  |
| --- | --- |
| *Name* | **PRINT NAME** |
| *Signature* | **SIGN HERE** |
| *Date* | **DD MM YYYY** |

**For Finance use**

|  |  |  |  |
| --- | --- | --- | --- |
| Received in Finance | **DD MM YYYY** |  | **INITIALS** |
| Approved and logged in database | **DD MM YYYY** |  | **INITIALS** |
| Application submitted to RBS | **DD MM YYYY** |  | **INITIALS** |
| Card details received from RBS | **DD MM YYYY** |  | **INITIALS** |
| Card details issued to cardholder, database updated | **DD MM YYYY** |  | **INITIALS** |