



The University of South Alabama
Purchasing Department

Publix Business Account Card Request

Section I Employee Information for Assigned Cardholder

Employee Name: _____ J#: _____

Department: _____ Phone: _____

Position/Title: _____

Email Address: _____

Campus Address: _____

Section II Authorization and Signatures

I, the undersigned cardholder, do hereby voluntarily agree to comply with the University and State of Alabama Purchasing guidelines and procedures upon receipt of the Publix Business Account Card. I understand that I am personally responsible for using the card only for authorized university business, and submitting the required documentation (in proper format) to the University Business Office within ten business days from the end of month statement. Misuse of the card may result in revocation of the card, disciplinary action up to termination, and possible filing of criminal charges.

Cardholder Signature: _____ Date: _____

I, the approving authority, understand the University will withhold from my paycheck any Publix Business Account Card charges that are not substantiated as being for University business purposes by adequate documentation supplied within the specified timeframe, or for failure to follow the University Publix Business Account Card Policy.

Request Approved By: _____ Date: _____
(Department Head or Chairperson)

Typed or printed name of