



University of Idaho
Accounts Payable

Purchase Card Account Reactivation Request

1) Cardholder Name V# Department

2) Please select the Purchase Card Policy violation(s) resulting in privilege suspension

- Alcoholic beverages
Ammunition/Weapons
Cash advances, salaries and wages
Independent Contractor - Payment to or on behalf of
Failure to report expenses within 30 days of purchases
Fuel for personal vehicles (Travel reimbursement)
Meals or refreshments for employee traveling on business (Travel reimbursement)
Memberships
Mobile Communication Devices (includes cell phones and other communication devices & accessories)
Office Decorations
Personal purchases
Recurring or auto - renewal expenses
Subscriptions
Taxable Hospitality Expenses - Awards, Prizes, Gifts, and Incentive items
Utilities, cell phone service, Internet or GPS location type expenses
Other (please explain)

3) Explanation:

4) Purchase Card Policy Acknowledgement

As holder of a University issued Purchasing Card, I understand that this Card is the property of the University of Idaho and that it is to be used solely for its intended purpose of payment for authorized university purchases and authorized university travel. I am responsible for all charges on this card and providing receipts and documentation of the purchases. If the card is reported lost or stolen, I am not responsible for unauthorized charges.

5) Required Signatures:

Employee:

Name Signature Date

Employee Supervisor :

Name Signature Date

6.) Please email completed forms to crtravel@uidaho.edu