



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
- Vendor payments for contracted services
- 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