

VANDERBILT UNIVERSITY MEDICAL CENTER PAYMENT CARDS

PAYMENT CARD APPLICATION

Select Card Type (choose one option)

Individual PCard

Department PCard

Card Applicant Information

First Name	Middle Initial	Last Name	Employee ID (7 digits) ()
VUMCnet ID	E-Mail Address		Business Phone Number
Home Department Name			Home Department Number

Business Purpose for Card: (volume of transactions, type of transactions, merchants, etc.) Please be detailed.

PCard Credit Limits: (choose one of each)

Single Transaction Limit:

\$3,000 \$5,000

Monthly Limit:

\$5,000 \$10,000 \$25,000

General Ledger Information

Please provide the Cost Center and Account in the boxes below for your default expense setting. Also, list all other center numbers applicable to this card for expense allocation purposes. If more than 6 cost centers, please send a separate Excel file containing all centers to vumcpaymentcards@vanderbilt.edu

Default Center Number
(example: 1032291106)

Additional Centers:

Default Account Number
(example: 60040 Office Supplies)

Additional Centers:

Additional Centers:

Card Applicant Signature

Signature of Card Applicant

Date

Card Manager

(card manager CANNOT report to card applicant)

Card Manager (Please Print)

Date

Card Manager

Date

Privilege Approver

(as assigned in Privilege Management system)

Privilege Approver (Please Print)

Date

Privilege Approver Signature

Date

Payment Cards team contact information

send completed application to address below

Vanderbilt University Medical Center Finance
 Payment Cards Team
 1301 Medical Center Drive, TVC B706-A
 Nashville, TN 37232-5336

vumcpaymentcards@vanderbilt.edu
 Payment Cards Website - <https://finance.mc.vanderbilt.edu/disp>

615.322.4985

Payment Card team use only:

Application Processor Signature	Date	System Reviewer Signature	Date
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