

U.S. Bank One Card (Visa) Credit Card Application

University of San Diego Office of Accounts Payable

Please email completed form to
onecardadmin@sandiego.edu
or send via campus mail

Important Information

The One Card program enables cardholders to charge approved expenses from suppliers that accept Visa. Use of the One Card requires the cardholder and their supervisor to assume responsibility for obtaining and submitting appropriate receipts and documentation for reconciliation. Please refer to the *U.S. Bank One Card Procedures* for a complete description of cardholder and supervisor responsibilities as well as other important program guidelines and information.

1. Applicant Information

| | |
|---|------------------------------------|
| Cardholder's Last Name: | Cardholder's First Name: |
| Cardholder's Department: | Department/Office Location: |
| USD Email (w/out @sandiego.edu): | Campus Phone: |
| Employee Number: | Date of Application: |

2. Supervisor Information

| | |
|---|---------------------------------|
| Supervisor's Last Name: | Supervisor's First Name: |
| USD Email (w/out @sandiego.edu): | Campus Phone: |

3. Default Oracle Funding (POETS) Code

| | |
|--|---|
| Project ("P" of POETS): | Source ("S" of POETS): |
| Expenditure Type ("E" of POETS): defaulted to Miscellaneous | Task ("T" of POETS): defaulted to "00" |

4. Type of Access Needed on Credit Card

| Select | Access Type | Description of Access Type |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Purchasing | University business-related goods and merchandise |
| <input type="checkbox"/> | Travel and Entertainment | University business-related travel and entertainment |

5. Approvals - I certify that the information provided has been reviewed and is accurate, allowable and appropriate. I confirm and certify that I have read the One Card Procedures thoroughly and will comply with my responsibilities, requirements, and information as outlined in the procedures.

Applicant

Print Name: _____ Signature: _____ Date: _____

Supervisor

Print Name: _____ Signature: _____ Date: _____

Budget Administrator

Print Name: _____ Signature: _____ Date: _____

For Corporate Card Administrator Use Only

Date Stamp - Received

Corporate Card Administrator Reviewed and Approved:

Date:

Notes: