# Appendix 1

**New application Y/N**

**Refresher application Y/N**

**Complete with Appendices 2 and 3 and the Head of School/Function is to email the forms to the Purchase Card Team on** **purchasecards@reading.ac.uk****. Please note, the card, PIN and PIN sentry device will be sent to your home address if it is provided. Please ensure you advise of any changes as soon as possible. If a home address is not provided then the items will be sent to our registered account address at Whiteknights House.**

**Full name of proposed cardholder** (in capitals- title/first and middle names/surname)

**………………………………………………………….…………………………………………………………….…………………………...**

**Home Address: ……………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Post Code: …………………………………………………………………………………………………………………………………..**

**Date of Birth………………………………………………………………………………………………………………………………….**

**Sex M/F**

**UK Resident Y/N**

**Nationality…………………………………………………………………………………………………………………………………….**

**Mobile Number…………………………………………………………………………………………………………….......**

**Employee number …….…………………………………………………………………………………………………..………**

**Type of employment contract** (eg. permanent, fixed-term etc) **…………………………………………………..**

**Department and School/Function………….……………………………………………………………………………….**

**Email address of applicant.………………………………………………………………………………………………………….…**

**Head of School/Function…………………………………………………………………………………………………….….**

**Monthly Financial Limit requested £ ……………………………………………………………………………………..**

**Single Transaction Limit requested £ …………………..………………………………………………………………..**

**Forecasted Yearly spend £……………………………………………………………………………………………………..**

**Will the card be used primarily for travel? Y/N**

# Indicate why you require a card, type of goods/services expected to be purchased, and the frequency of use expected: Please give as much detail as possible otherwise your application may be rejected.

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………..…..……………………………………………………………………………………………………………………………………………………..**

**Authorising Manager** (*see Manual: Transaction Management – Authorising Manager*).

I confirm that I have read and accepted the Procedures Manual and understand I will be required to authorise spending through the online system

**Name: ………………………………………………………………………………………………………………………………………….**

**Email address: ……………………………………………………………………………………………………………………………..**

**Signature: …………………………………………………………………………………………………………………………………….**

## Declaration by Head of School/Function

I confirm that the above-named member of staff is authorised to apply for a University of Reading Purchasing Card. Where expenditure is incurred on cost centres or projects other than the one(s) for which the counter-signature on the transaction log is authorised, I confirm that supporting authorisations will be attached (eg: an email or memo from the authorised signatory for that code).

I confirm that the card will be reviewed each month in order to ensure that the expenditure incurred on the card is only for appropriate purchases.

**Head of School/Function: name (capitals) ..…………………………………………………………………………..**

**Signature**: **……………………………………………………………………………………………………………………………………**

**Date …………………………………………………………………………………………………………………………………………….**