



The University of South Alabama  
Purchasing Department

**Publix Business Account Card Request**

**Section I Employee Information for Assigned Cardholder**

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Employee Name: \_\_\_\_\_ J#: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_

**Section II Authorization and Signatures**

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I, the undersigned cardholder, do hereby voluntarily agree to comply with the University and State of Alabama Purchasing guidelines and procedures upon receipt of the Publix Business Account Card. I understand that I am personally responsible for using the card only for authorized university business, and submitting the required documentation (in proper format) to the University Business Office within ten business days from the end of month statement. Misuse of the card may result in revocation of the card, disciplinary action up to termination, and possible filing of criminal charges.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the approving authority, understand the University will withhold from my paycheck any Publix Business Account Card charges that are not substantiated as being for University business purposes by adequate documentation supplied within the specified timeframe, or for failure to follow the University Publix Business Account Card Policy.

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Head or Chairperson)

\_\_\_\_\_  
Typed or printed name of