UVM Employee ID Number:

Department Name:

Budget Name (second line on card):

Business Address: Phone #:

Building, Room #:

Street Address:

City, State, Zip

Cardholder E-Mail: Departmental Contact Person

E-Mail Notice Sent To: Contact E-Mail:

                                            Contact #:

                                            Who Will Reallocate?

                                            Purchasing from Amazon?   Yes _____   No _____

Business Purpose for Card: