



## Purchasing Department Liaison Request Form

### Eligibility Requirements:

- Applicant must be a USC Employee
- Approval of Department Head
- PeopleSoft Finance Access Form request to have PCard/TeamCard Liaison Role has been submitted and approved

In order to process your application, complete ALL fields. Handwritten forms will not be accepted (with the exception of the required signatures in **BLUE** ink). Next, have it signed by the department head and email the signed form to [purchasing@sc.edu](mailto:purchasing@sc.edu) with subject "Purchasing Liaison Request Form"

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### SECTION I. DEPARTMENT LIAISON INFORMATION

**LAST NAME**  
**FIRST NAME**  
**USER ID**  
**USC ID**  
**PHONE**  
**E-MAIL**  
**DEPT. NAME**  
**DEPT. ADDRESS**

I hereby certify by my signature that I have read, fully understand, and accept the responsibilities of department liaison. I will also notify the purchasing card coordinator in writing with a department head signature when I am relieved of my responsibilities as a department liaison.

**DEPARTMENT LIAISON SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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### SECTION II. DEPARTMENT HEAD APPROVAL

I hereby delegate authority to the department liaison listed in Section I. to be responsible for reviewing transactions of and creating expense reports for the cardholders listed in Section III., to ensure the appropriate use and classification for University expenditures. I further agree that my signature provides authority to charge my departmental default account for all cardholder transactions which have not been processed and approved in a timely manner.

**DEPARTMENT HEAD SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



UNIVERSITY OF  
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**SECTION III. CARDHOLDERS MANAGED BY LIAISON**

The following cardholders will have their transactions reviewed and expense reports created by the department liaison indicated in Section I.

**FULL NAME  
USC ID  
OPER UNIT  
DEPT ID**

**FULL NAME  
USC ID  
OPER UNIT  
DEPT ID**

**FULL NAME  
USC ID  
OPER UNIT  
DEPT ID**

**FULL NAME  
USC ID  
OPER UNIT  
DEPT ID**

**FULL NAME  
USC ID  
OPER UNIT  
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