



Procurement Card Application

First Name: _____ Middle Initial: ____ Last Name: _____

Please mark if you would like your credit card to include your middle initial

UIN _____

Department: _____

Business Address: _____

Telephone: _____ E-mail: _____

Request is hereby made for a Bank of America – VISA credit card under the Old Dominion University Research Foundation (ODU RF) Procurement Card Program. It is understood that this card is for the sole purpose of small dollar procurements on sponsored program, cost center and research support accounts administered by ODU RF. Items to be purchased from state funds or other accounts managed by the University are not allowable.

Amount Requested: _____ (\$500-\$10,000 - based on guarantee account funds)

Authorized Signature for Cardholder/Requestor: _____

If cardholder/requestor is not a BVHS Faculty member, please list the name and MIDAS ID of the individual requesting so the research incentive account held at ODU can be verified: _____

Guarantee Account Type (check one):

☐ Research Support Account (Individual) ☐ Departmental/College/Overhead Res Supp Acct(Dept/College/Center)

☐ Interim BVHS Guarantee (For Brock Virginia Health Sciences Faculty members who currently do not have a research discretionary account/balance administered by the ODU Research Foundation (due to the recent Integration). These Interim Guarantee accounts will be completed by the Division of Research and Economic Development and require additional signatures below.

Guarantee Account Number: _____

Please fill-in the guarantee account that will cover the amount requested above. Note: The account cannot be a sponsored program acct (grant or contract) and must be an account that is administered by the Research Foundation. If this is an Interim Guarantee account, please leave the Guarantee Account Number blank. The Research Foundation will obtain the Interim Guarantee account number and approvals from the BVHS Business Office and Division of Research and Economic Development.

Authorized Signature for Guarantee Account _____

Project Director of Guarantee Account (If not an Interim BVHS request)

Once completed, you may submit the form by clicking the yellow "Submit Form" button here, or can separately email the completed PDF to RFPCard@odu.edu.

*****For office use only - Interim Guarantee Accounts*****

Authorized Signature for BVHS requests only _____ Amount approved:\$ _____
BVHS Business Office

Authorized Signature for Guarantee Account for BVHS requests only _____
Division of Research and Economic Development