



**Controller's Office  
Subscription Payment Form**

| Requester Information |  |              |  |
|-----------------------|--|--------------|--|
| Name                  |  | USC ID       |  |
| Email                 |  | Phone Number |  |

| Purchase Information   |                                    |  |                     |
|--|------------------------------------|--|---------------------|
| Merchant   |                                    |  |                     |
| Annual Subscription Amount   |                                    | Payment Term Amount (if not paid annually) |                     |
| Frequency of Payment   | <input type="checkbox"/> Weekly    | <input type="checkbox"/> Monthly           | Term Beginning Date |
|  | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Yearly            | Term End Date       |
| Provide business purpose for subscription:   |                                    |  |                     |
| <p><b>Note:</b> Please be aware of possible price variances due to shipping, tax, dynamic pricing, processing fees, etc.</p> |                                    |  |                     |

Price above includes sales tax  Yes  No

Please include any justification memos (when required) to help expedite the purchasing process.

| Chartfield     |            |      |         |       |              |         |          |            |
|----------------|------------|------|---------|-------|--------------|---------|----------|------------|
| Operating Unit | Department | Fund | Account | Class | PC Bus. Unit | Project | Activity | Cost Share |
|                |            |      |         |       |              |         |          |            |

**Preferred Purchased Meeting Window**

For a specific day/time, please indicate your preference in your email request. Check all that apply.

- Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday
- 8:00 AM – 10:00 AM   
  10:00 AM – 12:00 PM   
  12:00 PM – 2:00 PM   
  2:00 PM – 4:00 PM

**Note:** Department approval should follow the workflow approver for the department listed above, consistent with Requisitions, Payment Requests, and Expense Reports.

|  |           |      |
|--|-----------|------|
| Requestor Printed Name   | Signature | Date |
| Level 1 Approval Printed Name<br>(If using USCSP, PI required) | Signature | Date |
| Level 2 Approver Printed Name                                  | Signature | Date |
| Dean, Chancellor, or VP Signature (if required)                |           |      |

Use the [Department Approval Query Quick Reference](#) to access the SC\_SECURITY\_DEPT\_APPROVER\_ROLE query in PeopleSoft Finance to find departmental approvals by Chartfield.

To submit your request, email this form to [cards@mailbox.sc.edu](mailto:cards@mailbox.sc.edu).