UNIVERSITY OF ILLINOIS SYSTEM
URBANA-CHAMPAIGN • CHICAGO • SPRINGFIELD

Electronic Services Purchased by P-Card

Before purchasing electronic services with a P-Card, complete this form to determine if the purchase qualifies as a P-Card transaction. If so, file this form with other backup documentation required for your P-Card purchase. For additional information on purchasing electronic services, see Section 7.2 - Purchase of Goods and Services. For information on public and/or sensitive data, see http://go.uillinois.edu/essa.

Will SSNs, credit card information, or health/medical data be used by the service?
- ◯ Yes. Stop here. You may not make this purchase with a P-Card.
- ◯ No, proceed to next question.

Will student information (for example, grades, advising notes, class rosters, student names (UINs) be used within the service?
- ◯ Yes. Stop here. You may not make this purchase with a P-Card.
- ◯ No, proceed to next question.

Is the data you plan to use within this service considered "public" by the University?
- ◯ Yes, proceed to next question
- ◯ No. Stop here. You may not make this purchase with a P-Card.

Will students in a classroom or computer lab be required to use the electronic service?
- ◯ Yes Stop here. You may not make this purchase with a P-Card.
- ◯ No, proceed to next question.

Will faculty/staff with a known disability (as defined by the Americans with Disabilities Act) be required to use the electronic service?
- ◯ Yes Stop here. You may not make this purchase with a P-Card.
- ◯ No. You may purchase the electronic service with a P-Card. Complete and retain this form with your P-Card documentation for this purchase.

Date of Purchase: _____ P-Card Holder Name: _____ UIN: _____

Person Who Requested this Purchase:

Name: _____ Unit, Dept, or College: _____

Product Name: _____

Describe product:
_____

Describe how product will be used:
_____

If purchased online, provide web address (URL):
_____

If available, provide web address (URL) for the End User License Agreement (EULA) and privacy statement:
_____

I understand that my unit:
- Is accountable for how this service is used
- Must protect any systems upon which it runs or any data to which it has access
- Must not allow this service to access any non-public University data

P-Cardholder Signature: _____ Date: _____

Unit IT Head,
Department Head (or Designee) Signature: _____ Date: _____