

**CARDHOLDER INFORMATION**Card Type:  Purchasing  Purchasing with T & E**1 APPLICANT INFORMATION**

First Name {Legal Name}	M.I.	Last Name	Name as it will appear on Card (21 character limit)
Date of Birth (MM/DD/YYYY)	Country of Citizenship		Second line to appear on Card (21 character limit) e.g. department name, etc.
Employee Number	Password (8 character limit)		

**2 CARD INFORMATION****3 HOME ADDRESS**

Street Address - P.O. Box

Street Address Line 2 - if applicable

City

State

Zip Code

Country

**4 BUSINESS ADDRESS**

Department/Building/Room:

Mail Stop:

Phone Ext:

Cardholder Email Address:

**5 CARD INFORMATION**

Fund/Org/Acct/: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Purchasing Limits: \$ \_\_\_\_\_ / # \_\_\_\_\_ / # \_\_\_\_\_  
 Single Purchase limit / Authorizations per Day / Authorizations per Cycle

T & E Limits: \$ \_\_\_\_\_ / # \_\_\_\_\_ / # \_\_\_\_\_  
 Single Purchase limit / Authorizations per Day / Authorizations per Cycle

\$ \_\_\_\_\_  
Cycle Purchase limit

Special Instructions: \_\_\_\_\_

**6 APPROVING OFFICIAL INFORMATION**

Supervisor/Approving Official: \_\_\_\_\_

Title / Bldg / Room #: \_\_\_\_\_

Email Address / Phone Ext: \_\_\_\_\_

Dean/VP Name and Email: \_\_\_\_\_

Second Reviewer (Name/Email Address): *optional* \_\_\_\_\_

Third Reviewer (Name/Email Address): *optional* \_\_\_\_\_

*By signing this form, I agree to abide by the rules governing use of the purchasing card and understand that any misuse of the card by me can result in monetary liability and/or dismissal from employment.*

Verified by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form, I authorize the above cardholder for the purchasing card limits indicated above.*

Approval Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

