

STUDENT 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. _____
Student Number _____ Password (8 character limit) _____

2 CARD INFORMATION

3 HOME ADDRESS

Street Address - P.O. Box _____ Department/Building/Room: _____
Street Address Line 2 - if applicable _____ Mail Stop: _____
City _____ Phone: _____
State _____ Zip Code _____ Country _____ Cardholder Email Address: _____

4 BUSINESS ADDRESS

5 CARD INFORMATION

Fund/Org/Acct: _____ / _____ / 70877 Exp. Date (MM/YY): _____
Purchasing Limits: \$ _____ / # _____ / # _____
Single Purchase limit / Authorizations per Day / Authorizations per Cycle
T & E Limits: \$ _____ / # _____ / # _____
Single Purchase limit / Authorizations per Day / Authorizations per Cycle
Special Instructions: _____

\$ _____
Declining Balance Total

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: _____